

American Optometric Association NEWS

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News blog
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Volume 48

April 12, 2010

No. 14

AOA wins historic patient access victory for optometry in national health care battle

The new health care law includes the first federal provider non-discrimination standard to target exclusionary ERISA plans and designates children's vision as an essential benefit while preserving state patient access to care laws.

More than 16 months after a far-reaching overhaul of the nation's health care system became the top domestic policy priority in Washington, D.C., Congress has approved and President Obama has signed into law the Patient

"The approval of the Harkin Amendment is a tremendous victory for optometry and will likely prove to be one of the most historic advances in patient access to optometric care since the 1986 recognition of optometrists as physicians under Medicare."

Protection and Affordable Care Act of 2010 and the accompanying Reconciliation Act of 2010.

The \$940 billion plan pushed by President Obama and his allies in Congress seeks to extend health insurance coverage to 32 million Americans through a system of 50 state-based health insurance exchanges to be administered by the states and subject to state laws, reshape Medicare and other federal health programs and impose new requirements on health insurers.

See Battle, page 19



An overview of International Drive – Orlando's destination for attractions, shopping, dining, entertainment, lodging and more. Orlando will host this year's Optometry's Meeting® June 16-20. To register, visit www.optometrysmeeting.org. See page 12 for more on Optometry's Meeting®. Photo credit: Orlando/Orange County Convention & Visitors Bureau, Inc.

Major new effort urges 'Think About Your Eyes'

Think About Your Eyes – a major, national public awareness campaign to encourage eye examinations for good vision and overall good health – is set to begin next month, supported by a newly forged alliance of eye care professionals, eye health advocates, and the ophthalmic industry.

With an initial projected

budget of almost \$30 million, the multi-year program of broadcast advertising and Web-based media may be the largest eye care awareness campaign to date, according to AOA Executive Director Barry J. Barresi, O.D., Ph.D. Dr. Barresi is the chair of the non-profit Foundation for Eye Health Awareness, which will gradually assume control of

the campaign under an agreement with the industry-based Think About Your Eyes Coalition. Dori Carlson, O.D., AOA vice president, will provide additional representation for the AOA on the Foundation Board.

More important, Dr. Barresi said, it will represent

See Campaign, page 14

AOA PAC Fights and Wins for Optometry.

Visit www.aoa.org/AOA-PAC.xml

President's Column
Ensuring our future



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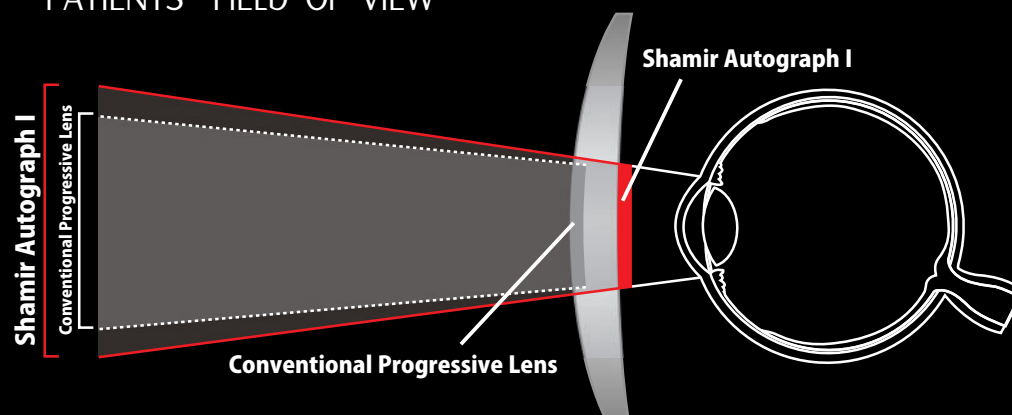
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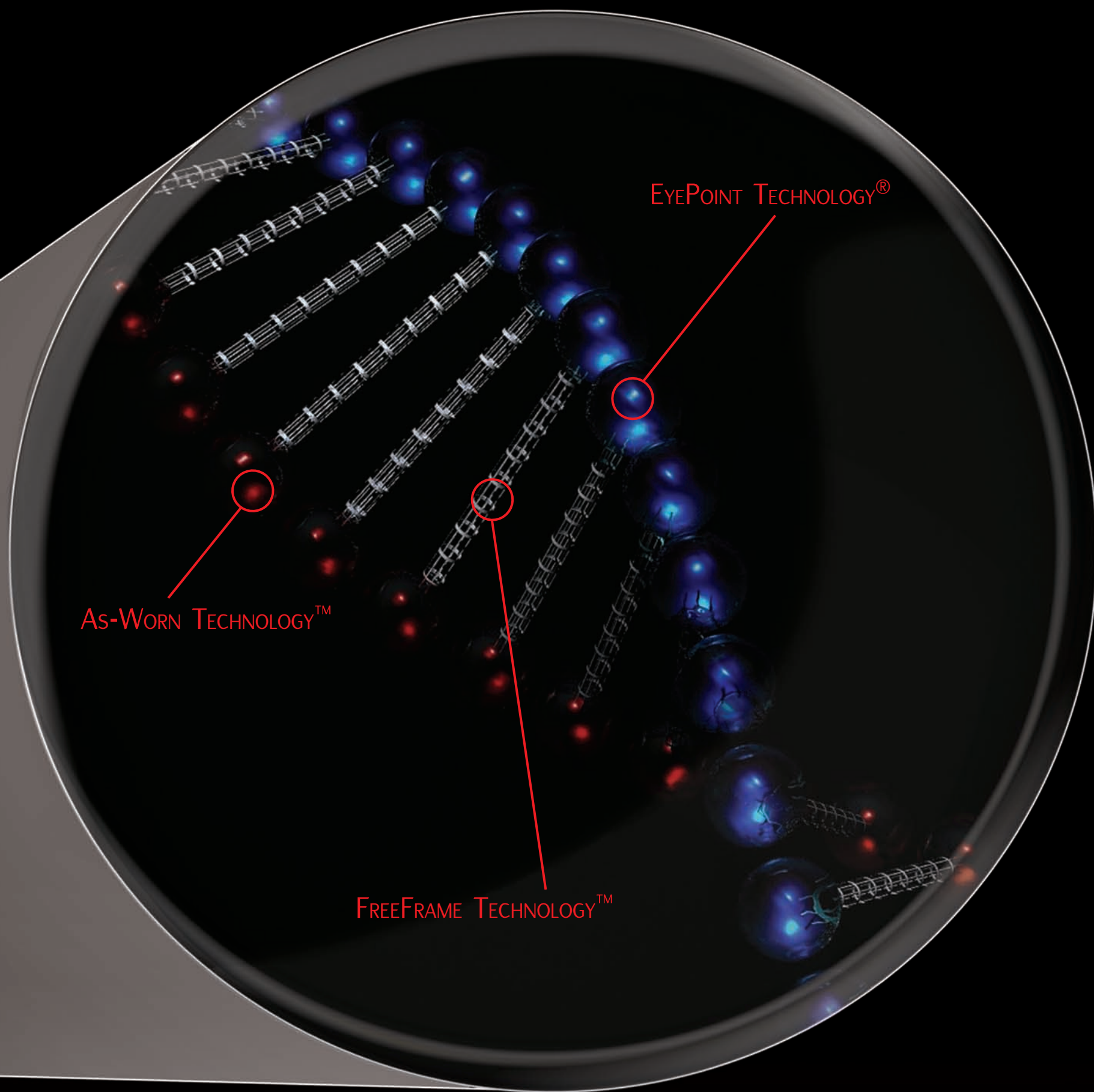
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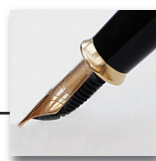
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PRESIDENT'S COLUMN

Ensuring our future

Regardless of whether or not you are personally in favor of health care reform, every optometrist should be proud of the AOA's engagement and advocacy in Washington, D.C., on behalf of our patients and our profession. The approval of the Harkin Amendment is an integral part of a tremendous victory for optometry and will likely prove to be one of the most historic advances in patient access to optometric care since the 1986 recognition of optometrists as physicians under Medicare.

The AOA's top priority in Washington, D.C., throughout this process has been to expand patient access and put a stop to the health plan discrimination we have faced for too long. Today, thanks to Senator Harkin and other "access-to-care" leaders in Congress, organized medicine and every health plan in America, including ERISA plans, are on notice that their unfair restrictions to the full scope of eye health care we provide are ending.

As the requirements under the Harkin Amendment are implemented, the AOA's Third Party Center (TPC) will take a central role in informing our members of the latest details and educating them on steps they may take.

The final version of the overhaul bill includes a number of other important AOA-backed provisions aimed expanding access to optometric care, including the specific designation of vision care for children as an essential health benefit—where current vision

care plans may partner with major health plans to satisfy children's essential benefit requirements; full application of state insurance laws to each of the 50 state health insurance exchanges through which tens of millions of uninsured Americans will purchase coverage; new emphasis on the pro-access "health care home" model of patient-centered care coupled with a key rejection of the exclusionary "medical home" scheme; and safeguards for existing vision cov-

Since the passage of the Employee Retirement Income Security Act of 1974 (ERISA), large multistate companies and union plans have not been subject to any of the various non-discrimination laws that apply in many states. Across the country, patients of optometrists have been denied coverage for services based on the whim of a union or large employer that falls under the umbrella of ERISA plans.

These decisions are often arbitrary and unfair and are

Very simply, the Harkin Amendment is a new federal prohibition on the type of discrimination we have faced from health plans from decades.

erage provided through stand-alone vision care plans.

Left out of the bill was a statutory requirement concerning non-pre-emption of state patient choice laws authored by Rep. Mike Ross (D-Ark.), which would have been an essential safeguard had a plan to establish a centrally controlled interstate health insurance exchange advanced into the final bill. However, as the final bill establishes 50 state insurance exchanges to be administered by individual states, the Ross Amendment was no longer required to protect existing state-based provider non-discrimination laws.

So what does all this mean for optometry as a profession and for our patients?

based on an outdated view of optometry, and the AOA has been advocating for patient access to their doctor of optometry for decades.

Under the provisions guaranteed by the Harkin amendment, optometrists will have the opportunity for participation under health plans as well as inclusion of optometrists for any service covered by the plan.

The provision reflects the AOA's longstanding view that ODs should not face discrimination by health plans on the basis of our licensure. By having it target both the new plans that will provide coverage to more than 30 million uninsured Americans through health care reform, as well as those that have been using



Dr. Brooks

ERISA to limit access to ODs among 73 million workers, our profession has won a historic patient access victory.

Very simply, the Harkin Amendment is a new federal prohibition on the type of discrimination we have faced from health plans from decades. At the same time, it is not a national "any willing provider" statute and it does not run counter to the broader trends in health care to link reimbursement to quality and performance measures.

That's why the AOA's continued involvement in the regulatory process even more critical in the coming months. It also makes individual participation of practicing optometrists by the Physician Quality Reporting Initiative (PQRI) program essential as the program will likely be considered a major factor in demonstrating the quality of care provided by practitioners. One section of the bill makes references to both board certification and maintenance of certification as necessary components of PQRI, and I commend our profession for having the courage to take a pro-

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American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October.
Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146.
Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141.
Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800.
Domestic subscriptions: \$123. International subscriptions: \$171.
Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries).
Periodicals postage paid at New York, NY, and at additional mailing offices.
POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

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Hopping files for AOA vp

Ronald L. Hopping, O.D., MPH, has filed for election to the AOA Board of Trustees as Vice President.

Dr. Hopping was first elected to the board in 2005.

Dr. Hopping currently serves as Secretary Treasurer and chairs the AOA Finance Committee, the AOA Constitution and Bylaws Committee and the Program Planning Committee. He is currently the liaison trustee to the Council on Research, the National Commission on Vision and Health, the National Academies of Practice in Optometry, the Research and Information Center Executive Committee, the Insurance Committee, and the Sports Vision Section.

He has also served as chair of the Information & Member Services Group, the AOA Communications Group Advisory Committee, and the Practice Perpetuation Project Team (Practice Transitions Program).

Dr. Hopping has served as liaison trustee to numerous AOA committees and 26 state

affiliate associations. He oversaw the development of the AOA Dr. Locator program to enable the public to find AOA member doctors and was instrumental in expanding the Save Your Vision celebration into a month-long media event.

Dr. Hopping is a past President of the Texas Optometric Association (TOA). In 2002, he was recognized as the Texas Optometrist of the Year. He has been actively involved with the TOA Legal and Legislative Team that successfully passed expanded scope of practice and contact lens prescription release legislation while defending optometry's legislative gains.

An honor graduate of the Southern California College of Optometry, Dr. Hopping has served as a full-time faculty member with the rank of assistant professor at the University of Houston College of Optometry (UHCO) where he received the Outstanding Faculty Award. He is currently an adjunct associate professor at



Dr. Hopping

UHCO. He received his Master of Public Health from the University of Texas in 1982.

Dr. Hopping is recognized as a Distinguished Practitioner by the National Academies of Practice in Optometry and was elected to its executive committee. He is a Fellow of the American Academy of Optometry and is also a Diplomate in Cornea and Contact Lenses.

Dr. Hopping is in full-time primary care group practice with his spouse, Desiree Hopping, O.D., in Houston, Texas. The Hoppings have two children, Reed, who is attending the University of Houston College of Optometry, and Grant, who will attend Rice University this fall.

Win prizes, attention in AOA Photo Contest

As a way of building a storehouse of arresting and beautiful photos, the AOA announces its second annual photo contest. Open to AOA member ODs, American Optometric Student



Association (AOSA) member students and Paraoptometric Section members, the contest's top prize in each category is \$500 cash. All participants will have a chance at seeing their photography in AOA publications or online media.

Prizes:

There will be one \$500 cash winner in each of four categories: Practice Settings, Special Populations (children, seniors, disabled or diverse), Community, and Events. The first finalist in each category will win \$250. The second finalist will win \$125. All finalists will receive a "gallery-wrapped" print of their winning entry.

Contest dates:

The AOA's Photo Contest begins April 20, 2010, and ends May 20, 2010, at 2 p.m. Central Daylight Time (CDT). By submitting an entry, each contestant agrees to the rules of the contest.

Eligibility:

Members of the AOA, the AOA Paraoptometric Section and the AOSA are eligible. For details and to submit photos, visit www.aoa.org/photocontest.xml.



American Optometric Association

Electronic health records are here. Is your practice ready?

The age of electronic health records (EHRs) is here and the American Optometric Association, in collaboration with State Affiliates, supports practicing optometrists.

- Federal EHR incentives begin January 1, 2011.
- The national EHR infrastructure – the Nationwide Health Information Network is scheduled to begin operations in 2014.
- Medicare begins penalizing practitioners who do not use EHRs in 2015.

The AOA's Electronic Health Records (EHR) Preparedness Program for Optometry offers practical guidance on EHR implementation through:

Enhancing Patient Care through Implementation of EHRs, a comprehensive EHR continuing education course at state optometric association meetings.

The AOA Electronic Health Records Page, a one-stop, online EHR information source for optometrists, on the AOA Website at www.aoa.org/EHR.

For more information on current 2010 scheduled courses, visit www.aoa.org/EHR and click on the 2010 Scheduled Courses link.



The AOA Electronic Health Records (EHR) Preparedness Program for Optometry is generously supported by:



AOA EHR course now set for 28 states

The Minnesota Optometric Association, Montana Optometric Association, Oregon Optometric Physicians Association, Vermont Optometric Association, and Optometric Physicians of Washington have joined the AOA affiliates offering the AOA Health Information Technology and Telemedicine Committee's (AOA-HITTC) Enhancing Patient Care through the

new AOA EHR Preparedness Program for Optometry, the course is specifically intended to help optometric practices:

- ❖ Qualify for the federal American Recovery and Reinvestment Act (ARRA) incentive program, which begins Jan. 1, 2011
- ❖ Become part of the U.S. Department of Health & Human Services' (HHS) Nationwide Health Information Network

The course offers three hours of classroom instruction (COPE approved) by nationally recognized leaders in the application of EHR technology in optometric practices.

Implementation of Electronic Health Records (EHRs) continuing education course.

The course, designed to help optometrists become part of the nation's rapidly emerging health information technology system, will now be offered in at least 27 states over the next 12 months, according to Philip Gross, O.D., AOA HITTC chair (see box).

Practitioners who wish to attend the course are urged to register as soon as possible, Dr. Gross said.

The course will be offered for the first time on April 15 as part of the Arkansas Optometric Association Spring Convention.

Interest in the course among state optometrists has been high, a convention staff person reports.

Developed as part of the

(NHIN) scheduled for launch in 2014, and

- ❖ Avoid Medicare payment penalties for practitioners who do not use EHRs, beginning in 2015.

The course offers three hours of classroom instruction (COPE approved) by nationally recognized leaders in the application of EHR technology in optometric practices.

Demonstrations of EHR systems will be offered by leading software vendors following the course.

The Enhancing Patient Care through the Implementation of EHRs continuing education course is supported by grants from Compulink Business Systems, EMRlogic Systems, Inc., Eyefinity/ Officemate, First Insight, Marco, Practice Director, QuikEyes, RevolutionEHR, and Topcon.

The Commission on Paraoptometric Certification is looking for practices in the Salt Lake City, Utah, area that may be willing to host the practical examination in 2011 at Optometry's Meeting®. Criteria are located at www.aoa.org/x14415.xml. For more information, call 800-365-2219, ext. 4135.

EHR preparedness course schedule

State	Date	Time	Contact
Arkansas	Thursday, April 15	2 p.m. to 5 p.m.	Vicki Farmer, 501-661-7675 vicki@arkansasoptometric.org
Arizona	Sunday, April 25	noon to 3 p.m.	Kate Diedrickson 602-279-0055 Kate@azoa.org
Montana	Wed., April 28	6 p.m. to 9 p.m.	Sue Weingartner sweingartner@rmsmanagement.com 406-443-1160
New Mexico	Saturday, May 1	8 a.m. to 11 a.m.	Richard Montoya, 575-751-7242 newmexicooptometry@gmail.com
Ohio	Wed., May 5	TBD	Linda Fette 614-781-0708 linda@OOA.org
Louisiana	Sunday, June 13	10 a.m. to 1 p.m.	Chris Wroten 225-287-6641 cwroten@od.sco.edu
Maryland	Sunday, June 13	1 p.m. to 4 p.m.	Kristen Shoemaker, 410-727-7800 kristenshoemaker@assnhgtrs.com
North Dakota	Thursday, July 8	3 p.m. to 7 p.m.	Nancy Kopp, 701-391-2771 nkopp@btinet.net
Indiana	Wed., July 14	9 a.m. to noon	Barbara McNutt, 317-237-3563 bmcnutt@ioa.org
Colorado	Thursday, July 15	3 p.m. to 6 p.m.	Gwenne Hume, 303-863-9778 ghume@visioncare.org
Tennessee	Saturday, July 17	9:30 a.m. to 12:30 p.m.	Bridget McGill, toa@toaonline.org or bridget@usit.net
Minnesota	Friday, July 23	9 a.m. to noon	Jessica Miller 952-841-1122 jessica@mneyedocs.org
Oregon	Saturday, July 24	8 a.m. to 11 a.m.	Wayne Schumacher wayne@assomgt.com 503-654-5036
Washington	Sunday, July 25	10:30 a.m. to 1:30 p.m.	Judy Balzer, 425-455-0874 opw@eyes.org
Pennsylvania	Sunday, Aug. 1	9 a.m. to noon	Ilene Sauertieg 717-233-6455 ilene@poaeyes.org
Mississippi	Saturday, Aug. 7	TBD	Linda Ross Aldy, 601-853-4407 msoptometr@aol.com
South Dakota	Friday, Sept. 10	5 p.m. to 8 p.m.	Deb Mortenson, executive director, 605-224-8199 deb.mortenson@pie.midco.net
Connecticut	Saturday, Sept. 11	1 p.m. to 4 p.m.	Lynn Sedlak, 860-529-8012 lsedlak@cteyes.org
Vermont	Sunday, Sept. 12	TBD	Tim Bonin, 401-949-0433 tbonin@rioa.org
Rhode Island	Friday, Sept. 17	TBD	Joann Gagne, 207-626-9920 moa.office@myfairpoint.net
Maine	Saturday, Sept. 18	1 p.m. to 4 p.m.	Howard Cooper, 609-232-4012, ext. 116 hcooper@njsop.org
New Jersey	Sunday, Sept. 26	AM Session	Todd Fleischer 785-232-0225 todd@kansasoptometric.org
Kansas	Friday, Oct. 1	2 p.m. to 5 p.m.	Pam Steffy, 517-482-0616 pam@themoa.org
Michigan	Wednesday, Oct. 13	noon to 3 p.m.	Cindy Schnetzler, executive director cindy@themoa.org
Iowa	Thursday, Oct. 14	TBD	Gary Ellis, executive director 515-222-5679 garye@iowaoptometry.org
Missouri	Sunday, Oct. 17	8 a.m. to 11 a.m.	LeeAnn Barrett, O.D., 573-635-6151 lbarrettod@sbcglobal.net
West Virginia	TBD	TBD	Chad Robinson, 304-720-8262 chad@wvcsi.com
Texas	Thursday, Feb. 17, 2011	TBD	Vickie Lively, vickie@wvcsi.com Kevin Gee, O.D., CE chair

Mittelman named Navy's Pacific command surgeon

U.S. Navy Rear Adm. Michael H. Mittelman, O.D. – who currently serves as command surgeon for the military's U.S. Joint Forces Command (USJFCOM) and the medical adviser to the North Atlantic Treaty Organization's (NATO) Supreme Allied Commander Transformation (SACT) – has been named the top medical officer for two Navy Pacific commands.

Rear Adm. Mittelman has been assigned the post of fleet surgeon for the U.S. Pacific Fleet and the U.S. Pacific Command at Camp H.M. Smith in Hawaii, according to a March 11 announcement from the office of Chief of Naval Operations Adm. Gary Roughead.

The first full-time military optometrist ever to attain "flag-grade" (admiral or general) rank in any branch of the American military, Rear Adm. Mittelman will now become the first optometrist – or the first health care practitioner of any type without a medical or osteopathy degree – to become the Navy's Pacific command surgeon.

As the USJFCOM command surgeon, Rear Adm. Mittelman oversees health care for members of the Army, Navy, Air Force and Marines who are involved in joint operations under all 10 of the U.S. military's combatant commands around the globe.

In all, the Joint Force Command is in charge of providing health care for the more than 1.16 million active and reserve military personnel, civil servants and contact employees involved in command operations.

As the Joint Command's chief health care officer, Rear Adm. Mittelman also serves as medical adviser for the SACT, coordinating care for military personnel from other nations under NATO.

In addition, he served as director of the Navy's Medical Service Corps with authority over 26 health care specialties, until October 2009.

The USJFCOM is

charged with repositioning the American military for better response to new types of security threats, such as biochemical weapons, and new types of conflicts that may not involve traditional armies from nation-states.

As part of that effort, Rear Adm. Mittelman, as the command's chief medical officer, has been playing a leading role in restructuring the military health system.

Rear Adm. Mittelman began his career in 1980, serving as a Navy staff optometrist and eventually as head of the optometry department at the Cherry Point (N.C.) Naval Hospital. Following a tour of duty in Rota, Spain, Dr. Mittelman transferred to the Naval Aerospace Medical Institute, Pensacola, Fla., where he served as head of the optometry department and, in 1989, became the first health care

practitioner ever designated as an aerospace optometrist.

In 1993, he became deputy director of research at the Naval Aerospace Medical Research Laboratory in Pensacola. Then, in October 1995, Dr. Mittelman reported to Naval Hospital, Great Lakes, Ill., and served as the commanding officer of Navy Fleet Hospital Three.

In July 1997, he assumed command of the Naval Ophthalmic Support and Training Activity, Yorktown, Va. There, he facilitated the establishing of the U.S. Department of Defense Optical Fabrication Enterprise. In July 2000, Dr. Mittelman assumed command of U.S. Naval Hospital Okinawa, Japan.

Following his overseas assignment, Dr. Mittelman was named an executive assistant to the surgeon general of the Navy, later becoming

ing a special assistant to the surgeon general at U.S. Marine Corps Headquarters in Washington. He then served as the deputy chief of staff for human resources at the Navy's Bureau of Medicine and Surgery.

Prior to his current assignment, Rear Adm. Mittelman was the director of the medical resources, plans and policy division for the Office of the Chief of Naval Operations.

Rear Adm. Mittelman is a fellow of the American College of Healthcare Executives and a diplomate of the American Academy of Optometry. He is an active member of the AOA, having chaired the AOA State Government Relations Center's Licensure and Regulation Committee, the AOA Multidisciplinary Practice Section and a special AOA project team on licensure



Rear Adm. Michael Mittelman, O.D.

sure by endorsement. He is an associate fellow of the Aerospace Medical Association. He is past president of the Armed Forces Optometric Society and a member of the National Academies of Practice.

Rear Adm. Mittelman's awards and decorations include awards of the Legion of Merit, Meritorious Service Medal, Navy Commendation Medal, Navy Achievement Medal, and numerous other unit and personal awards.

Ind. exec serves in Afghanistan

Aside from his role as the executive director of the Indiana Optometric Association (IOA) and an attorney, Jim Zieba is a Lieutenant Colonel in the Indiana National Guard.

Zieba's unit, known as Task Force Cyclone, has been deployed in Afghanistan since August 2009. The mission of Task Force Cyclone is multifaceted. Task Force Cyclone is providing training and mentoring for judges, prosecutors, the Afghan National Police, and Shura (village) leaders. TF Cyclone is working to assist the Afghans to build their judicial infrastructure including courthouses, detention facilities, mobile courts, and law school programs. TF Cyclone is providing legal resources and a public education campaign regarding legal rights. One of Zieba's most enjoyable duties is providing educational materials for school children.

Task Force Cyclone should return to the United States at the end of June 2010, and Zieba will be back at the IOA in August 2010.

"Optometry can be justifiably proud of Jim and others like him who serve their country at home and abroad," said Barbara Marvel McNutt, who is currently serving as the executive director of the IOA.



Zieba hands out supplies at a school in Parwan.



Zieba speaks with the judge of Kapisa and Tagab at site of a new courthouse.



Zieba motions with Bashir, the chief prosecutor on the Parwan province.



U.S. House approves bill to honor fallen Army OD

The U.S. House of Representatives has unanimously approved a measure strongly backed by the AOA and the Blinded Veterans Association to name the future Blind Rehabilitation Center at the U.S. Department of Veterans Affairs (VA) Long Beach Medical Center in honor of the first-ever Army optometry officer killed in action while on active duty.

Introduced in the U.S. House by Rep. John Campbell (R-Calif.), Rep. Dana Rohrabacher (R-Calif.), and Rep. Bob Filner (D-Calif.), chairman of the House Committee on Veterans Affairs, H.R. 4360 would permanently name the nearly completed blind rehabili-

tation center in Long Beach, Calif., after Major Charles Robert Soltes, Jr., O.D.

Major Soltes served as a public health officer with the 426th Civil Affairs Battalion, U.S. Army Reserves, in Mosul, Iraq.

On Oct. 14, 2004, Maj. Soltes was in a convoy

tinguished optometrist and military officer, becoming the first optometry graduate of the prestigious Brooke Army Medical Center's Residency Program, obtaining advanced training in the diagnosis and treatment of ocular disease and acute trauma.

Later, he was promoted as director of the Optometry Residency Program at Keller Army Community Hospital at West Point.

After leaving active duty in 1999, Maj. Soltes entered private

practice and accepted a position as clinical director at the Irvine Vision Institute in Irvine, Calif. He continued his military service by joining the U.S. Army Reserve 7214th Medical

H.R. 4360 would permanently name the nearly completed blind rehabilitation center in Long Beach, Calif., after Major Charles Robert Soltes, Jr., O.D.

returning from a meeting with Iraqi health officials when a vehicle-borne improvised explosive device (IED) rammed his Humvee, resulting in his death.

Major Soltes was a dis-



Maj. Charles Robert Soltes, Jr., O.D. For more on Maj. Soltes, visit www.robsoltes.com.

Support Unit and was deployed in Mosul, Iraq, in 2004.

Maj. Soltes is survived by his wife, Sally Dang, O.D., and sons Ryan, Brandon and Robert Harrison.

Maj. Soltes' wife, Dr. Dang received her training at the West Haven VA Blind Rehabilitation Center.

Dr. Dang has been providing low-vision services to blinded veterans as a promise she made to Maj. Soltes before he left for Iraq.

Just weeks prior to the U.S. House vote on this measure, more than 400 ODs and optometry students visited Capitol Hill and met with their senators and rep-

resentatives as part of the 2010 AOA Congressional Advocacy Conference to urge them to support this important effort and to help honor their fallen colleague.

With the unanimous House approval of H.R. 4360, the measure now moves to the U.S. Senate for consideration.

AOA members are urged to contact their U.S. senators and ask for their support on this important effort.

For more information on this priority issue and to find out how you can help, contact the AOA Washington Office at 800-365-2219 or e-mail ImpactWashingtonDC@aoa.org.

Rep. Boozman seeks Senate seat

Arkansas Congressman John Boozman, O.D., is among a crowded field of Republicans vying this spring for a chance at the U.S. Senate seat, now held by Democrat Blanche Lincoln, this fall.

Rep. Boozman, who represents Arkansas' 3rd congressional district in the northwestern part of the state, is among nine candidates on the ballot for a May 18 GOP primary. A runoff will follow on June 8 if none receive 50 percent of the vote.

Incumbent Sen. Lincoln meanwhile will face a Democratic primary challenge from state Lt. Gov. Bill Halter.

If successful, Rep. Boozman, the only optometrist now serving in the House of Representatives, would become the first optometrist

ever elected to the Senate.

Though facing a primary field of formidable state political figures, Rep. Boozman holds a slim lead in fundraising, according to the political Web site Rightpundits.com.

Rep. Boozman is a member of the House Transportation and Infrastructure, Veterans Affairs, and Foreign Affairs committees as well as an Assistant House Republican Whip. As chair of the House Veterans Affairs Economic Opportunity Subcommittee, he has sponsored two major House-passed veterans' benefits bills.

In 2005, Rep. Boozman authored and led a successful bipartisan effort to enact AOA-backed legislation requiring the Food and Drug Administration to regulate non-corrective colored contact lenses as medical devices. Rep. Boozman was



Rep. Boozman

first elected to the House in 2001, filling an unexpired term, and has twice run for re-election unopposed.

He earned his optometry degree from the Southern College of Optometry before establishing a successful eye clinic in Rogers, Ark., where he lives with his family. He attended the University of Arkansas where he played football for the Arkansas Razorbacks. Additional information can be found on Rep. Boozman's campaign Web site. (www.boozman-forarkansas.com).

New ways to connect with AOA...

www.facebook.com/american.optometric.association

www.twitter.com/aoanews

www.youtube.com/aoaweb



InfantSEE® Provider Spotlight: Danelle Moch, O.D.

The AOA Foundation recently caught up with Dr. Moch of Bismarck, N.D., to learn more about her participation in the InfantSEE® program. Dr. Moch has been a provider since the program's inception

Foundation: What inspired you to become an InfantSEE® provider?

Moch: I think it is very important for us to educate parents on the importance of early vision and eye care. The InfantSEE® program offers a wonderful opportunity to educate them and helps encourage their participation by being no-cost. I discuss the need for a full exam at 3 years of age and why it is important to address any visual abnormalities at such a young age. It has become very clear to me that parents are very under-educated on the importance of vision to learning and how easily some deficits can be corrected if found and treated early.

Foundation: On average, how many babies do you see week-

ly/ monthly?

Moch: I am seeing an average of three per week or 12 per month.

Foundation: Have you seen a change in the number of appointments since participating in last year's InfantSEE® Week event in North Dakota?

Moch: Yes, mostly due to the connections that were made with area pediatricians while promoting the InfantSEE® Week. The number of babies I see has tripled since last year's event.

Foundation: We need help encouraging more doctors to return the forms after an assessment has taken place. You return a steady stream of forms; what is your process in your office?

Moch: Our receptionist makes a copy of the exam to mail or fax to the child's pediatrician and gets the yellow copy in the mail to the AOA the same day as the exam.

Foundation: What collaborations have you made with other groups in your commu-



Mom Mary McCarvel-O'Connor holds Illyana as Danelle Moch, O.D., performs an InfantSEE® assessment.

nity to get the word out?

Moch: We formed a strong bond with the pediatricians and continue to nurture that relationship by making sure they receive a copy of the completed exam form. I also have spoken with the county public health nurses that include information about InfantSEE® in packets given to the parents of all new babies born in the county.

Foundation: In what ways

does your practice and its staff promote InfantSEE® in the office and community?

Moch: The main promotion we do is word-of-mouth within the office and displays of InfantSEE® brochures in different areas of the office. We encourage the parents of InfantSEE® babies to spread the word to their friends and family about the program.

Foundation: Any words of encouragement to colleagues who have not yet chosen to become a provider?

Moch: I have seen an increase

in the number of young children and their families in my practice by being an InfantSEE® provider. I also feel I am doing my part to help increase early detection of visual disorders by educating these parents about the need for early eye exams and the importance of clear, comfortable vision to learning.

Foundation: Any thing else you'd like to add?

Moch: I struggled with the program being no-cost to begin, but now see the benefit of getting more parents involved through this approach. Although I do not receive direct revenue from being involved with InfantSEE®, I definitely feel that my practice has grown and benefited from my involvement. We receive more referrals from the pediatricians of older children, and their parents often switch offices as they become more comfortable with us. Having the babies in the office is definitely a high point in the day for our staff and brings many smiles to the faces of our patients in the waiting room.

CALLING ALL PAINTERS, SCULPTORS, CRAFTERS, PHOTOGRAPHERS....



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Showcase your talent by donating your special, one-of-a-kind gift to The AOA Foundation's silent auction.

Contact Sara Breed at SNBreed@aoa.org or 314-983-4218.

Wednesday, June 16, 2010 • 8:30 p.m. – 12:00 a.m.

Gaylord Palms® Resort and Convention Center



For more information - www.optometryscharity.org

VISION USA adds 250 exams

During the first quarter of 2010, 21 AOA members enrolled as VISION USA participants.

Their collective donated exams for the year total 253. Michigan added 173 exams, while Texas added 56—both states currently have a high number of eligible patients who are unable to be assigned to a local provider.

We are grateful to the following doctors' and their generous commitment to serving patients in need in their communities:

- ❖ Krista Anderson, O.D.: Mich.
- ❖ Don David Blackburn, O.D.: Del.
- ❖ Hugh Campbell, O.D.: Mich.
- ❖ Sean Connolly, O.D.: Mich.
- ❖ Amy Crissman, O.D.: Mich.
- ❖ Jennifer Crown, O.D.: Wash.

- ❖ Debra Denton, O.D.: Mich.
- ❖ Jeff A. Hayden, O.D.: Mich.
- ❖ Barbara L. Horn, O.D.: Mich.
- ❖ Robert Kocembo, O.D.: Mich.
- ❖ Mark Kosciuszko, O.D.: Mich.
- ❖ Lisa Lagassa, O.D.: Mich.
- ❖ Aaron Lee, O.D.: Texas
- ❖ Shane M Maag, O.D.: Ohio
- ❖ Julie Marvin-Manders, O.D.: Mich.
- ❖ Deanna Mayo, O.D.: Mich.
- ❖ Donald W. Mitchell, O.D.: Mich.
- ❖ Jim Moser, O.D.: Texas
- ❖ Jordan Pierce, O.D.: Texas
- ❖ Robert S. Svensen, O.D.: Ala.
- ❖ Thomas Woytta, O.D.: Mich.

Capitalize on your career at Optometry's Meeting®

Capitalize on your career at Career Central at the 2010 Optometry's Meeting®, and network with representatives of several ophthalmic modalities to find your place in optometry.

If you just want to expand your knowledge base, Career Central is the place to go.

"Are you looking for different career options or thinking about adding a new doctor to your practice? Then Career Central is the place for you," said Ryan Parker, O.D., chair of the Optometry's Meeting® Student Program Committee. "This exciting new event will take place in the Exhibit Hall at Optometry's Meeting®. Practice management classes will be offered with topics geared toward both doctors and students. Areas will be set aside for all attendees to meet and discuss potential employment options. Top-quality education and vast networking opportunities

make this event a must-see at Optometry's Meeting®."

Partake in educational sessions that will guide you in starting, building, and/or expanding a successful career

attendees.

Career Central Schedule:

Thursday

❖ 5 p.m. – 7:30 p.m.:
Career Central Theater
Courses

Career Central Theater
Courses

❖ 2 p.m. - 6:30 p.m.: Open
time for one-on-one inter-
views

Saturday

bringing people to a practice location," said Howard Braverman, O.D., chair of the AOA Industry Relations Committee. "At the same time, ODs who are interested in purchasing and working at a practice will have an inexpensive way to visit and meet the potential OD who is hiring or selling a practice. That is what Career Central is all about."

Career Central Theater course topics include:

- ❖ Interviewing and hiring associates
- ❖ Developing your exit strategy
- ❖ Marketing yourself: resumes, business plans and interviews
- ❖ Building and managing your financial profile
- ❖ Preparing for a practice start-up
- ❖ Preparing for a practice acquisition or buy-in

Career Central Theater courses cost \$5 and are supported by an unrestricted educational grant provided by Matsco.

"Practice management classes will be offered with topics geared toward both doctors and students. Areas will be set aside for all attendees to meet and discuss potential employment options. Top-quality education and vast networking opportunities make this event a must see at Optometry's Meeting®."

in optometry.

Participate in the Career Fair and exchange information with companies and practices that are here to assist and direct you toward a bright future in optometry.

Career Central, sponsored by Luxottica Group, will take place in the Exhibit Hall (Hall F) Thursday, June 17 – Saturday, June 19.

Career Central is open to all

Friday

❖ 10 a.m. – 2 p.m.: Career Central Career Fair – a networking event for optometry where attendees will have the opportunity to visit with industry and ODs in various practice settings about career opportunities. Register for function 0213.

❖ 10 a.m. – 2 p.m.:
Optometric Residency Forum

❖ 10 a.m.- 2 p.m.: Open
time for one-on-one inter-
views

❖ 10:30 a.m. – 1 p.m.:
Career Central Theater
Courses

"For the first time in optometry's history, an OD who wants to sell a practice or hire an OD to work in the practice will have a convenient place to interview without the out-of-pocket costs of

Great moves are
rarely coincidental.

AOA Practice Transitions is a comprehensive one-day seminar covering the fundamental steps to successfully buying or selling an optometric practice. You'll learn about:

- Buyer/seller needs, wants and expectations
- The difference between 'buying out' and 'buying in'
- Financing and ownership options
- Planning and preparation techniques

May 13
Chicago, IL

June 16
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AOA
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Cathy Buckingham, 314 983-4245, CMBuckingham@aoa.org



To register or learn more, log onto www.aoa.org/practice-transitions

Optometry's Meeting® opener welcomes stories behind former real-life con man, AOA award winners

The 2010 Optometry's Meeting® June 16-20 at the Gaylord Palms®

Resort and Convention Center in Orlando, Fla., will unravel the mystery behind the real "Catch Me If You Can" star.

Security expert Frank W. Abagnale is the Opening General Session keynote speaker thanks to the generous support of Essilor.

Abagnale is renowned as an authority on the subjects of forgery, embezzlement and secure documents.

For more than 30 years, Abagnale has worked with, advised, and consulted with hundreds of financial institutions, corporations, and government agencies around the world.

Abagnale's rare blend of knowledge and expertise began more than 40 years ago when he was known as one of the world's most famous confidence men. This was depicted most graphically in his

best-selling book, "Catch Me If You Can," a film of which was also made, directed by Steven Spielberg and starring Leonardo DiCaprio and Tom Hanks.

Between the ages of 16 and 21, he successfully posed as an international airline pilot, pediatrician, stockbroker, college professor, and even an assistant attorney general all while cashing \$2.5 million in fraudulent checks in every state and 26 foreign countries.

Apprehended by the French police when he was 21 years old, he served time in the French, Swedish, and U.S. prison systems. After five years he was released on the condition that he would help the federal government, without remuneration, by teaching and assisting federal law enforcement agencies.

Abagnale has now been associated with the Federal Bureau of Investigation for more than 30 years. More than

14,000 financial institutions, corporations, and law enforcement agencies use his fraud prevention programs.

He has also written numerous articles and books including "The Art of the Steal," "The Real U Guide to Identity Theft," and "Stealing Your Life."

Abagnale is a member of the Board of Editors for *Bank Fraud and IT Security*, as well as the *Financial Fraud Law Report*.

The Opening General Session will also include the presentation of the Distinguished Service Award, the Optometrist of the Year Award, the Young Optometrist of the Year Award, and the Paraoptometric of the Year Award.

Sunday CE

Be sure to end the meeting with fabulous continuing education offerings on Sunday.

"Pharmacology Update," course #4100, will be from 8 a.m. to 10 a.m. (Lecturer: J. Bartlett, O.D.)

This course will update attendees on new prescription writing guidelines from the FDA, treatment of ocular inflammation, infections and allergies, new medications for glaucoma, ocular effects of systemic medications, and other topics that will improve the care delivered in optometric offices.

"Neuro-Optometric Rehabilitation: How to Serve the Growing Demand of Brain Injury Patients," course #4104 will be from 8 a.m. to noon. (Lecturers: C. Carman, O.D.; M. Cron, O.D. B. Heinke; Montecalvo, O.D.)

This program provides the optometrist with a comprehensive overview of the epidemiology of the brain-injured and aging populations and the commonly encountered visual deficits.

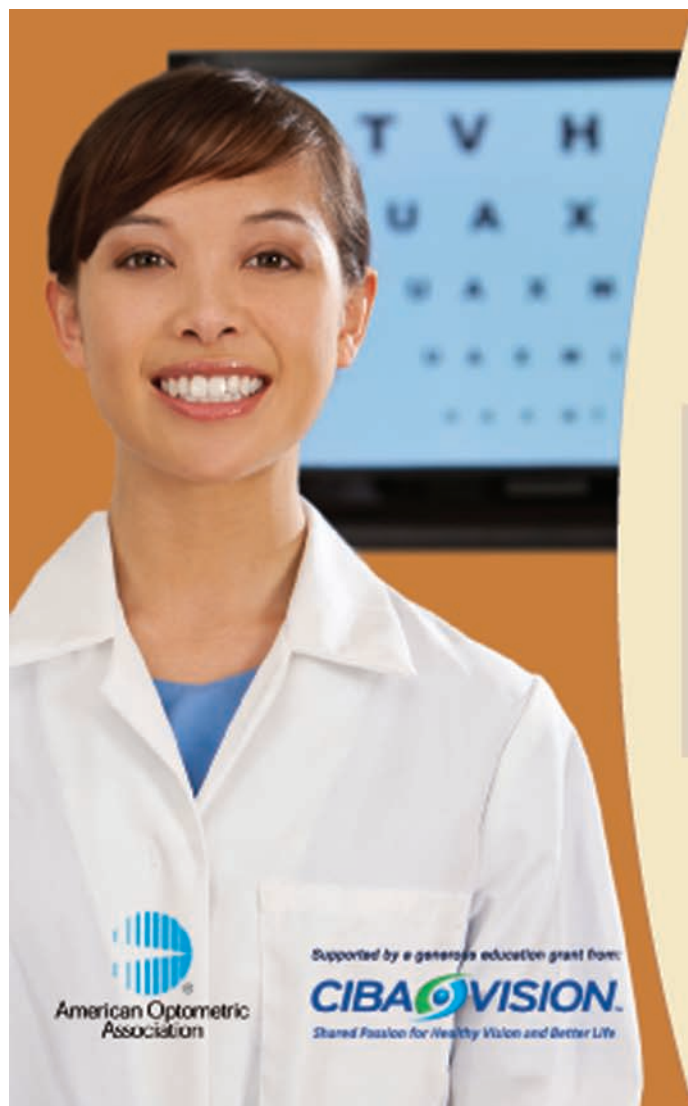
"Aviation Vision: Part 1," course #4102, will be from 8 a.m. to 10 a.m. (Lecturers: J. Kent, O.D.; V. Nakagawara, O.D.)

This course is designed to prepare optometrists to meet the basic needs of their pilot patients, whether they are involved in general, commercial, or military aviation. Part 1 includes the FAA Aviation Medical Examination and Certification process, vision standards and prescription options for aviation.

"Ocular Adverse Drug Reactions to Systemic Medications," course #4106, will be from 10 a.m. to 11 a.m. (Lecturer: J. Bartlett, O.D.)

This course considers the most common drugs that can affect the eye and visual system. Emphasis is on drugs that induce dry eye or that can

OGS, next page



New in Practice?

Looking to Change Your Practice Setting?

Build your basic knowledge base or bolster your practice management savvy. The *New in Practice* Series was designed especially for you! An ever-popular feature at Optometry's Meeting®, three *New in Practice* sessions will be offered June 17-18, 2010 in Orlando, Fla.

Register for one or more of the following sessions taught by expert practitioners and world-class lecturers.

Staff Management & Training
Thursday, June 17 1 p.m. - 3 p.m.
Function #0180
(Fee \$10)

Financial Management
Friday, June 18 10 a.m. - noon
Function #0210
(Fee \$10)

Marketing & Networking for Practice Growth
Friday, June 18 2 p.m. - 4 p.m.
Function #0240
(Fee \$10)



You'll learn how to:

- ❖ Develop your business plan
- ❖ Accurately project financials
- ❖ Maximize your marketing ROI

The *New in Practice* Series
Information and insight to help your practice flourish!

To register or learn more, visit www.optometrismmeeting.org/x4742.xml

OGS,
from previous page

cause structural changes in the cornea, crystalline lens, retina, or optic nerve.

“Aviation Vision: Part 2,” course #4110, will be from 10 a.m. to noon. (Lecturers: A. Engle, O.D.; J. Weaver, O.D.)

Part 2 includes color vision in aviation and spatial disorientation.

“HIV and AIDS in the Millennium: What Every Optometrist Needs to Know,” course #4112, will be from 11 a.m. to noon. (Lecturer: J. Sowka, O.D.)

This course covers transmission, testing, management, prevention, and reporting of HIV infections and AIDS.

“Optometric Malpractice: Fact or Fiction?” course #4114, will be from noon to 2 p.m. (Lecturer: J. Sowka, O.D.)

This course examines common myths and misconceptions regarding optometric malpractice through real-life case examples. Satisfies the Florida Statute that mandates that all licensees must complete a two-hour course on prevention of medical errors, which meets the criteria of, for initial licensure and biennial renewal.

“Aviation Vision: Part 3,” course #4115, will be from 1 p.m. to 3 p.m. (Lecturers: T. Brunstetter, O.D., Ph.D.; A. Engle, O.D.)

Part 3 includes night vision in aviation and refractive surgery in aviation.

“Florida Laws and Rules For Optometric Physicians,” course #4116, will be from 2 p.m. to 4 p.m. (Lecturer: R. Easton, Jr., O.D.)

The Optometric Practice Act defines the limits of optometric physicians in the state of Florida. The rules and regulations are in place to protect the citizens of the state of Florida. Unlicensed activity is the practice of optometry without a valid Florida license and comes under the purview of the Attorney General. Satisfies the Florida Statute as well.

For more information and to register, visit www.optometrymeeting.org.

Student opportunities abound at Optometry's Meeting®

By Ryan Parker, O.D., AOA Optometry's Meeting® Student Program Committee chair

This June marks the 40th anniversary of the AOSA's annual meeting. The first AOSA meeting was held concurrently with the AOA's Annual Congress in Houston, Texas. In 1970, the hope was to have 150 students attend the meeting. Forty years later, 1,000 optometry students are expected to attend what is now called Optometry's Meeting®, the combined meeting of the two associations.

This year's meeting promises to be bigger and better than ever. The AOA's Career Central, Sight Quest, and the video travel grants are three exciting new elements making their debut this year at Optometry's Meeting®.

One of the biggest concerns students have is finding a job after graduation. The AOA's Career Central is designed to help.

On Friday, from 10 a.m. to 2 p.m., you won't want to miss the Career Fair, sponsored by Luxottica, in Exhibit Hall F. Potential employers will be on hand to meet with students and even set up one-on-one interviews before students return home.

A series of educational courses will be offered in the AOA Career Central Theater, supported by an unrestricted educational grant provided by Matsco. Three of the courses offered will be of particular interest to students and new graduates.

Sight Quest will offer an interactive approach for students to learn about some of our industry partners.

Students will be given a game card with questions. The object is to visit the designated booths in the Exhibit Hall and ask the corresponding question.

Everyone who completes the challenge will be entered to win American Express gift cards valued at \$250 or more!

Be sure to capture your 2010 Optometry's Meeting® experience on video...it could earn you \$1,000 toward the 2011 Optometry's Meeting®!

The AOA is offering two \$1,000 travel grants to students for the best videos on Optometry's Meeting®. One winner will be determined by the AOA and the other by your peers.

A key reason the student program at Optometry's Meeting® is so successful is that it is designed for students by students.

As the Student Program Committee chair, I feel this is instrumental to a successful program as the student volunteers on the committee are currently living the academic life and, therefore, understand what students need.

Our goal is to provide students with a program that focuses on their career after graduation. We aim to incorporate practice management courses into the program that students do not get in the classroom.

This year we are excited to offer a two-part series titled “Practice Passport – Taking the Leap.” Part 1, on Thursday, is supported by an unrestricted educational grant provided by The Vision Care Institute™, LLC, and Part 2, on Friday afternoon, by TLC. Lecture attendance prizes are generously sponsored by HOYA.

Students who want to learn more on a particular clinical topic are invited to take OD and/or paraoptometric continuing education courses at a reduced rate of only \$5 per credit hour.

If you are preparing to take the National Board Exam, Optometry's Meeting® is the perfect place to brush up on what you have learned in optometry school.

There are 12 hours of NBEO review courses that offer a comprehensive review of topics covered on the exam.

Optometry's Meeting® is a great value for students. The nominal registration fee includes the main Optometry's Meeting® events such as the Wednesday Night Welcome Reception with live entertainment, sponsored by Bausch + Lomb; the Opening General Session featuring Frank Abagnale, sponsored by Essilor; Exhibit Hall events; and the Presidential Celebration, featuring comedians Frank Caliendo and John Pinette, sponsored by HOYA.

Events such as these, while fun in nature, are a great opportunity for students to network with their peers, ODs, and future business contacts.

One of these events could be where you meet your future employer or business partner!

Other great events that are designed specifically with students in mind are:

- ❖ The AOSA General Session, which kicks off the student program on Thursday afternoon. Thanks to HOYA, students will release some stress with a hilarious, high-energy show by comedian/hypnotist Ricky Kalmon.
- ❖ The Varilux® Optometry Student Bowl™ XIX and Reception continues as a Thursday night tradition at Optometry's Meeting®. The enthusiasm of the students who attend is amazing. Students are so energized that Essilor, the sponsor of the event, instituted the “Spirit Award” given to the school that exemplifies the most team spirit.
- ❖ iConnect with TLC will take place at The Groove, a trendy night club at Universal CityWalk®. Students who attend the TLC lecture, “Practice Passport – Taking the Leap, Part 2,” on Friday afternoon, and their registered guests, are invited to dance the night away at this event.

The Optometric Residency Forum is a great resource for students who are considering a residency after graduation. On Friday, residency representatives from many optometry schools will be available to answer questions about their programs. This is a great opportunity to learn about what makes each residency program unique.

Student Focus Hours in the Exhibit Hall have been dedicated specifically for students on Saturday from noon to 2 p.m. This is a great opportunity to start building vendor relationships.

By attending Optometry's Meeting®, students will see firsthand who supports the AOSA and AOA. Doing business with people who support optometry will continue to strengthen our profession and our associations.

Several prize drawings will be held throughout these dedicated hours just for students.

Optometry's Meeting® is about your future. It is the meeting you can't afford to miss! Allergan, Essilor, HOYA, and The Vision Care Institute™, LLC have generously sponsored travel grants and scholarships to ensure that students who want to attend can attend. Talk to your school trustee to see how you can be one of the lucky recipients next year.

Visit www.optometrymeeting.org for more information, to register, and to book hotel reservations for the meeting.

See you in Orlando!



Campaign, from page 1

the first unified effort by a range of eye and vision care stakeholders to reach the American public with a uniform message regarding the importance of eye exams.

"This is really unprece-

the necessary funding."

"This is one of most exciting things to ever happen in the eye care professions and the vision our industry," concurred Mike Daley, the retired president of Essilor of America

a par" with any ever conducted in health care, Daley predicted, including the successful American Dental Association campaign, which established regular visits to the dentist as a standard part of health care for most Americans.

The program will be launched in nine major U.S. markets in May then expanded gradually to a full national campaign by 2012, Daley said. The campaign will officially begin with a major public event May 11 at Times Square in New York City. Television and radio advertisements will then begin airing in New York, Los Angeles, Chicago, Denver, Atlanta, Houston, Sacramento, Cincinnati and Portland, Ore.

Additional public events are set for Chicago in July and the West Coast later in the year. A Think About Your Eyes Web site, along with Facebook and Twitter pages, were launched last month.

Think About Your Eyes advertisements and Web-based materials will emphasize the

"For the first time, we will have a coordinated, national public awareness effort with a consistent message that is supported across the eye and vision care professions — and with a commitment from many in ophthalmic industry to provide the necessary funding."

dented," Dr. Barresi said. "For the first time, we will have a coordinated, national public awareness effort with a consistent message that is supported across the eye and vision care professions — and with a commitment from many in ophthalmic industry to provide

who serves as the foundation's president and executive director. "We're bringing together the entire vision care community to support improved public awareness about the importance of eye health and vision function."

The campaign will be "on



Representatives of the Think About Your Eyes Coalition include, from left, Carl Bracy, Ken Stellmacher, Barry Barresi, O.D., Ph.D., Mike Daley, John Carrier and Wally Lovejoy.

importance of regular eye examinations for all Americans as well as the benefits for specific groups such as older adults and young children. Think About Your Eyes television commercials and additional information can be accessed on the campaign's Web site (www.thinkaboutyoureyes.com).

The program comes just as the U.S. Department of Health & Human Services is predicting a rapid upsurge in eye and vision problems over the coming years, due to factors ranging from the aging of the U.S. population to epidemic levels of diabetes.

It also comes just as health reform legislation, signed into law last month, could potentially provide health care — and eye care — coverage for up to 32 million uninsured Americans including 15 million children, Dr. Barresi notes.

As a broad-based, national program to increase overall public awareness of the importance of good eye health, Think About Your Eyes will complement ongoing optometry-specific AOA efforts such as the American Eye-Q® program conducted in conjunction with Hill & Knowlton, one of the nation's leading public relations firms.

"The Think About Your Eyes program encourages people to get eye examinations," Dr. Barresi said. "The Eye-Q® program helps to ensure that optometrists, as America's primary eye care providers, perform their fair share of those examinations."

The campaign was devel-

oped by the Think About Your Eyes Coalition, which was formally established in February by Essilor of America, Luxottica Group, and VSP GlobalSM to launch a major national eye care public awareness program that could rally industry-wide support.

Under a letter of intent announced March 19, the Foundation for Eye Health Awareness — a 501(c)(3) not-for-profit corporation that was established last year, also with the purpose of conducting a broad-based eye care public awareness effort — will gradually assume control of the campaign. The foundation will be responsible for all campaign design and messaging, Dr. Barresi said. However, funding will continue to come from industry.

Essilor of America, Luxottica Group, and VSP GlobalSM have pledged a total of \$20 million to \$25 million to firmly establish the program over its first two years.

Additional corporate partners are currently being sought, according to Wally Lovejoy, senior vice president of eye care development for Luxottica Retail and chairman of the coalition's board of directors.

Interested partners should contact Daley via e-mail at mdaley@ehafoundation.org or phone at 703-548-2896.





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UHCO students win SWCO shootout competition

A student team from University of Houston's College of Optometry (UHCO) took first place at the 2010 Southwest Council of Optometry Shootout competition.

The SWCO, which has been in existence for more than 30 years, has an annual meeting in Dallas to provide continuing education programs for optometrists in six states. The states that make up SWCO are Texas, Louisiana,

Arkansas, Oklahoma, Colorado and New Mexico.

"One of the programs is the Shootout Competition, which is a Jeopardy-style quiz bowl for students at UHCO, Northeastern State University of Oklahoma College of Optometry and Southern College of Optometry in Memphis, Tennessee," said Danica Marrelli, O.D., a clinical associate professor at UHCO.

The competition is in its

fifth year and, according to Marrelli, these three schools each send a three-person team to compete every year.

The UHCO student team consists of optometry students who will graduate that year. The 2010 UHCO student team consisted of Jennifer Deakins, Jessica Unruh and Zach Unruh.

At the event, students are able to network with other optometrists and go to the continuing education classes.



The 2010 SWCO Shootout winning team displays its trophy. From left, Brent Foxworth, HOYA Sales Manager of the Year, UHCO students Jessica Unruh, Zachary Unruh, and Jennifer Deakins. HOYA sponsored the competition.

NEI's Healthy Vision Month theme to focus on eye exams

Your Eyes are the Windows to Your Health. Schedule an Eye Exam will be the theme as the National Eye Institute (NEI) devotes its May 2010 observance of Healthy Vision Month to the importance of comprehensive dilated eye exams in maintaining healthy vision.

"Our messages will stress the important role comprehensive dilated eye exams play in detecting eye diseases in their early stages and ensuring people are seeing their best," said Neyal J. Ammary-Risch, MPH, CHES, deputy director of the NEI's National Eye Health Education Program.

"Millions of people in the United States have undetected vision problems and eye conditions. We need everyone's help encouraging people in every community to schedule eye exams. As every eye care professional knows, a comprehensive

dilated eye exam can detect common vision problems and eye diseases, many of which have no early warning signs."

To help raise awareness of the importance of dilated eye exams, the NEI has developed a variety of online resources for its Healthy Vision Month Web site (www.healthyvision2010.nei.nih.gov/hvm) that optometrists can use to encourage people to schedule an eye exam. Among them: fact sheets, downloadable posters, and a promotional article for use in practice newsletters and publications or on practice Web sites.

In addition, a separate online NEI Healthy Eyes Toolkit (www.nei.nih.gov/healthyeyestoolkit) offers access to:

- ❖ Web links
- ❖ Print and radio public service announcements (PSAs)
- ❖ Sample text messages



❖ Badges and buttons to the NEI Healthy Eyes Web page

- ❖ Drop-in articles
- ❖ Fact sheets, posters, bookmarks, and stickers
- ❖ Patient reminder postcards
- ❖ E-cards
- ❖ PowerPoint presentations
- ❖ And more!

The AOA officially supports participation in Healthy Vision Month.

"Please join us this May in celebrating Healthy Vision Month and promote eye exams in your community," Ammary-Risch said. "No effort is too small and every activity can make a difference."

'Career Day' speakers' job made easier...

The AOA Paraoptometric Section now offers tools to aid speakers with paraoptometric "career day" presentations at local high schools or community events. "Envision a Future in Paraoptometry" is a PowerPoint presentation with audio that includes topics such as:

- ❖ Who are paraoptometricians?
- ❖ What does a paraoptometrician do?
- ❖ How to receive training and certification?

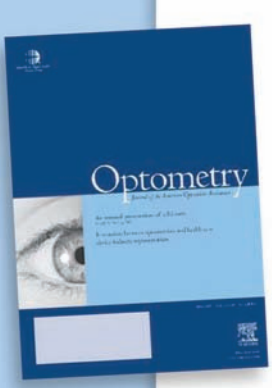
The AOA Paraoptometric Section also offers a brochure, "Find Your Future in Paraoptometry," to extend information about careers in paraoptometry.

To request a complimentary copy of the presentation or brochures, contact the Paraoptometric Section at PS@aoa.org.



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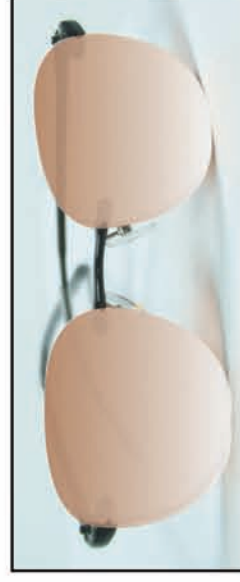
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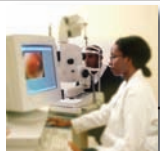
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Introducing new resource 'Ask the Codeheads'

Edited by Chuck Brownlow, O.D., AOA CodingToday and Medical Records consultant

This is the first in a series of articles to assist doctors and staff navigate through the confusing, complex, ever-changing environment of medical records, coding/billing, insurance plans, Medicare and other third-party issues.

The Third Party Center and Clinical Practice and Advancement Group will provide members with information through web-based programs, webinars, printed resources, articles in *AOA News and Optometry: Journal of the AOA*, as well as on the AOA Web site and through FAQs, in order to provide guidance and assistance when you need it.

I often get questions about accurate choices of codes, rules related to coding, resources related to coding, etc. Often, embedded in the question, will be references to what one lecturer or another said about choosing codes or how to maximize reimbursement from each encounter, etc.

I received such a question the other day, asking how one might decide whether to use the 99000 series office visit codes or the 92000 office visit codes for reporting patient visits.

The doctor mentioned that one lecturer had suggested using 92000 codes most frequently because they are often reimbursed higher than the 99000 codes.

Here are some things to consider as you choose which code to use.

First, in my experience, essentially 100 percent of eye care visits qualify as some level of 99000 code, while only about 75 to 80 percent qualify as one of the 92000 codes. Thus, for a very high percentage of visits; the doctor has a choice of coding either a 99000 code or a

92000 code.

The 99000 and the 92000 office visit codes are defined in Current Procedural Terminology (created and copyrighted by the American Medical Association, AMA), and the 99000 codes have extra elements defined in the 1997 Documentation Guidelines for the Evaluation and Management Services, a document created jointly by the Centers for Medicare & Medicaid Services and the

ments are quite objective for the 99000 codes, whereas the requirements for the 92000 codes are much more subjective.

For example, a 99213 (level three office visit, established patient) requires an expanded problem-focused history, an expanded problem-focused examination and/or medical decision-making of low complexity.

Each of those elements is graded very objectively,

that her/his record shows all the required elements, including "initiation of diagnostic and treatment program." An auditor from an insurance company may disagree and have different requirements for that component and therefore reject the doctor's choice of code.

You can refer to CPT, the Documentation Guidelines, (both included in AOA Codes for Optometry, available through the AOA

Guidelines, and much more valuable information there at the touch of a key. Try it...you'll like it. So, I recommend that you:

1. Provide services for every patient based only on what they need that day, no more, no less,
2. Keep an excellent record of what you've done,
3. Choose codes (99000 and/or 92000 series) based on the content of the record for the visit, compared to CPT definitions and the Documentation Guidelines,
4. Check to see whether patient's insurer requires use of one series of codes or the other,
5. Establish your fees for all codes based on your understanding of their value, considering your average patient's ability to pay, your overhead costs, average fees in your area, payers' reimbursements for services, percentage of patients who are have coverage for eye care, etc.

6. Establish your fees for all codes and bill the same fees, no matter who is getting the bill, (unless payer requires you to collect at or below limiting charges as with non par Medicare)
7. Consider offering prompt pay discounts for anyone paying the bill in full on the day the services are provided,

The downsides to using 92000 series codes for all visits include:

1. Many of the visits don't qualify as either an intermediate or comprehensive, and
2. Many ODs charge less than ophthalmologists for the 92000 codes because of competition and habit, meaning that for the average OD in the country, assuming identical content in the medical record, is paid more for the 99000 than for the 92000 codes.

Send your questions to Dr. Brownlow at CBBrownlow@aoa.org.

Third-party issue resources

The volunteers and staff of AOA's Third Party Center and Clinical and Practice Advancement Group are teaming up to provide members and their staff with many new resources to assist offices with the challenges associated with governmental and private insurance programs. The resources will include:

- ❖ The AOA Web site will soon feature a "Frequently Asked Questions" section, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.
- ❖ *AOACodingToday.com* is available to all renewing AOA members at no cost. *CodingToday.com* is a web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, Medicare relative value information, previously available to members for \$349 annually.
- ❖ *AOAReimbursementPlus.com*, another excellent web-based resource for information on coding rules, fee schedules, reimbursements and much more, is available exclusively to AOA members at a very attractive subscription rate
- ❖ Codes for Optometry, is provided by AOA's Order Department for \$125. It is a two-volume set, including Current Procedural Terminology® American Medical Association, and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. 2010 is the first year that Codes for Optometry is also available on a CD in a searchable format.
- ❖ *Optometry: Journal of the AOA*, will continue to feature articles on these topics in its Practice Strategies section.



AMA.

I have long been a proponent of ODs using the 99000 codes when appropriate because many ODs' fees for the 92000 codes are well below typical reimbursements from major medical insurers, meaning that ODs' reimbursements are often actually higher when they use the 99000 codes than when they use the 92000 codes.

Also, the coding require-

based on the number of elements of history, exam and decision making.

On the other hand, the definitions for the 92000 codes (comprehensive ophthalmological services, 92002, 92012, 92004, 92014) include requirements that are often left to interpretation by the doctor and sometimes by an outsider, such as an auditor.

For example, a doctor may choose 92012 believing

Order Department) to learn the details of definitions for all the codes.

To do so online, subscribe to *AOACodingToday.com*, an excellent web-based resource available to all renewing AOA members at no cost! (Others are available, such as *ReimbursementPlus*.) You'll find definitions, Medicare rules, relative value information, diagnosis and procedure codes, the Documentation



President Barack Obama reaches for a pen as he signs into law the health care overhaul bill in the East Room of the White House on March 23, 2010. Official White House Photo by Lawrence Jackson

Battle,

from page 1

Included in the more than 2,000-page measure is a landmark provision sponsored by Sen. Tom Harkin (D-Iowa), and backed by ODs and optometry students from across the country during a year-long grassroots campaign, that is designed to outlaw discrimination against optometrists and other providers by health plans, including self-insured ERISA plans.

“The approval of the Harkin Amendment is a tremendous victory for optometry and will likely prove to be one of the most historic advances in patient access to optometric care since the 1986 recognition of optometrists as physicians under Medicare,” said AOA President Randolph E. Brooks, O.D.

“The AOA’s top priority in Washington, D.C., throughout this process has been to expand patient access and put a stop to the health plan discrimination we have faced for too long. Today, thanks to Senator Harkin and other ‘access-to-care’ leaders in Congress, organized medicine and every health plan in America, including ERISA plans, are on notice that their unfair restrictions to the full scope of eye health care we provide are ending,” Dr. Brooks added.

The final versions of the Patient Protection and Affordable Care Act of 2010 and the accompanying

Reconciliation Act of 2010 include a number of important AOA-backed provisions:

- ❖ Establishment of the first ever federal standard of provider non-discrimination which would apply to all health benefit plans, including self-insured ERISA plans (the AOA-backed Harkin Amendment).
- ❖ No pre-emption of state insurance non-discrimination laws; creation of 50 (one in each state) state-based health insurance exchanges to provide coverage to the uninsured.
- ❖ Designation of children’s vision care as an essential health benefit.
- ❖ No disruption of existing health coverage, including through stand-alone vision plans.
- ❖ Recognition of vision care in school-based health clinics.
- ❖ New emphasis on the preferred “health care home” model of patient-centered care, which fully recognizes optometry, and a key rejection of the exclusionary “medical home” scheme.
- ❖ Exemption for eyeglasses and contact lenses from a 2.9 percent medical device excise tax
- ❖ Exemption of the cost of vision benefits from the calculation of a new excise tax on high-cost “Cadillac” health plans

“Our organization mobilized as never before to become a force in the

Washington, D.C., battle over national health care reform, and the AOA-backed patient access provisions included in the final bill show it,” said AOA President-Elect Joe Ellis, O.D.

“I’m proud of the role optometry has played in making vision care for kids an

essential health care benefit. I’m proud, too, that millions more Americans will gain access to their local doctor of optometry because federal law will now target the discriminatory practices of health plans,” Dr. Ellis said. “And I’m especially proud of the work we have done —

with Representative Mike Ross (D-Ark.) and other pro-optometry leaders in the House — to preserve existing state-based provider non-discrimination and patient access to care laws.”

There are also provisions AOA supported over the last

See Battle, page 26

Are you financially prepared for 2010 and beyond?

A Special Note to our Members

This is the second article in our series this year discussing insurance products that can help protect you, your family and your practice. With tax day just around the corner, we believe it provides a good time to review all your insurance coverages and evaluate how they can help ensure your future financial security. This article helps to describe the basic insurance products members should consider as part of their financial portfolios.

T. Joel Byars, O.D.
Chairman, AOA Insurance Committee

Before you complete your taxes and file away financial documents, now may be a good time to review your insurance coverages to make sure you’re financially prepared for the future.

Most financial experts recommend reviewing your insurance coverage on an annual basis to make sure you have appropriate protection for you, your family, your earning power, and your business.

Plus, factors like inflation, the current economic conditions and any recent lifestyle changes signal the need to reevaluate your coverage, too.

Questions to consider as you review your insurance include:

Do you have enough Life Insurance?

Recent studies show most Americans (80%) have life insurance but most don’t have enough to adequately provide for their loved ones after they’re gone.*

If something happens to you, will there be enough life insurance to help your loved ones pay all their expenses and maintain their current lifestyle?

Are you protecting your income with Disability Insurance?

What if you become too sick or hurt and can’t work? How would you pay all your bills?

Disability Insurance provides monthly income benefits should you become disabled and unable to work. It’s an important part of your future financial security because it protects your earning power.

How good is your health insurance?

As good as most basic health insurance plans and Medicare are, most do not pay for everything. Copays, deductibles, cost-shares, policy limitations and exclusions all add up. That’s why many Americans consider supplemental medical insurance like a Cancer or Medicare Supplement insurance policy to help fill gaps in their health insurance coverage.

Additional supplemental protection to consider include: Emergency Assistance services (pays for medical assistance while away from home), Long Term Care Insurance, and insurance that helps pay for hospital or recovery care.

Could your business survive without Business Overhead Insurance?

If you own your practice, Business Overhead Insurance is important to your financial security to help protect against business risks.

If something happens to you, such as a disability, how would you be able to continue paying your business and other bills if you can’t run your practice?

Have you considered Accident Insurance?

This type of insurance pays a lump sum benefit should a covered person die as a result of an accident. In addition, Accident Insurance policies generally include extra benefits for safety devices (e.g., seatbelt usage and air bag deployment) and education to further help loved ones continue their lifestyle should a loved one die from an accident.

Many Americans purchase Accident Insurance to complement their Life Insurance coverage and to make sure they have enough financial security should something happen to them.

Remember: Your insurance coverage is a valuable part of your future financial security. Without the right protection and enough of it, you and your loved ones could suffer financially.

Whether you need additional coverage or not, it’s important to take time every year to review your insurance coverage to make sure you’re financially prepared for the future.

* The Facts of Life and Annuities, LIMRA, 2009.

This material contains only general descriptions and is not a solicitation to sell any insurance product or security, nor is it intended as financial or tax advice. For information about specific insurance needs or situations, contact your insurance agent. Our articles are intended to assist in educating you about insurance in general and not provide personal service. They may not take into account your personal characteristics such as budget, assets, risk tolerance, family situation or activities which may affect the type insurance that would be right for you. In addition, state insurance laws and insurance underwriting rules may affect available coverage and its costs. If you need more information or would like personal advice you should consult an insurance professional. You may also visit your state’s insurance department for more information.



FROM THE AOA

Rethink, Retool, Reinvent!

Barry Barresi, O.D., Ph.D.,
AOA executive director



Dr. Barresi

About a year ago the AOA embarked on a new member-focused strategy designed to enhance and expand the AOA's member benefits and services. One key area of focus was rethinking, retooling and reinventing the Clinical Care Group, now called the Clinical & Practice Advancement Group (CPAG). Through this transformation, the AOA has brought in staff and volunteer leaders with strong experience in practice management, managed care, customer service, product development, and marketing.

As part of this transformation, (CPAG) has developed a new committee structure designed to improve communication and collaboration and expand the volunteer structure while maintaining the flexibility needed to address the ever-changing needs of our members.

The new structure is designed to provide practice-based education, programs and tools for health promotion, practice advancement and quality improvement. On March 30, the new Clinical & Practice Advancement Group Executive Committee met in St. Louis to begin the preparation for the AOA's 2010-2011 Spring Planning session. Barbara Horn, O.D., immediate past president of the Michigan Optometric Association and past chair of the AOA Membership Group Executive Committee, serves as the CPAG Committee chair, with Ryan Parker, O.D., chair of Practice Advancement, Tim Petito, O.D., chair of Quality Improvement and Greg Wolfe, O.D., chair of Health Promotion, completing the CPAG Executive Committee.

The **Practice Advancement Committee** is focused on ensuring the perpetuation, growth and transition of optometric practices and supporting member business success. These goals will be accomplished by providing AOA members with practice development education – including increased online access to training and development tools, business resources and continuing education.

The **Quality Improvement Committee** will lead the profession's development of policies, programs and activities in quality improvement, ethics and accountability through the evidence-based clinical guidelines in the practice of optometry applicable to the full range of practice modes and settings.

The **Health Promotion Committee** will identify activities or interventions that would prevent the onset of eye disease or injury and promote healthy activity and behavior and assist members in the implementation of such programs in their practices and in the activities of AOA affiliate organizations. Health Promotions will support the AOA's provision of services and programs that assist individual members to reach underserved populations to ensure that infants, children, adolescents, adults and seniors receive essential vision and eye health care.

In an effort to expand participation and collaboration among AOA members and volunteers, the AOA will introduce at this year's Spring Planning meeting our new Online Professional Advisory Groups.

These Online Professional Advisory Groups will play a key role in the AOA committee structure and provide a venue for broader and unlimited participation for AOA members and affiliate leadership.

AOA joins collaborative project team to assess safety, compliance of prescriptive eyewear sold online

The AOA has joined with the Optical Laboratories Association and The Vision Council to study the safety and compliance of prescriptive eyewear ordered online.

Karl Citek, O.D., Ph.D., chair of the AOA's Commission on Ophthalmic Standards, and Robert Rosenberg, O.D., a member of the commission, will represent the organization in the task force.

The AOA will fully participate in this project to learn more about prescriptive eyewear marketed and ordered online, focusing on current eyewear parameters and materials that affect patient safety.

"Our primary concern is

the safety of the public ordering their glasses from the internet," said Beth Kneib, O.D., associate director of Quality Improvement for the AOA. "Preliminary studies of online dispensing sites not under the direct control of the prescribing doctor have raised concerns in the areas of prescription accuracy, material safety, and regulatory compliance of some online vendors. We look forward to working together with experts from the Optical Laboratories Association and The Vision Council on this important public health and safety initiative."

Randolph Brooks, O.D., AOA president added, "While we believe the ideal way for consumers to obtain their eye-

wear is directly from their optometrist, we also realize that eyeglass e-commerce is becoming an undeniable reality in today's optical industry. Recognizing those two facts, we believe it's crucial to provide our member the tools to best meet their patients' needs while supporting their practices."

The AOA's priorities for the project are to first assure patient safety and seller regulatory compliance, and secondly, assess ways to best prepare its members for the future of eye care with doctor-driven competitive solutions to thrive in the growing world of online dispensing. The results of the study will be made available at its completion.

President,

from page 4

active role in assuring continued optometric participation by developing a board certification and maintenance certification program for optometry.

Many of us have differing views on the changes in the health care system that were enacted. Regardless of our personal feelings, the AOA views one of its prime responsibilities as ensuring patient access to the quality care that we provide. Our full participation and engagement have assured that our members cannot only continue but even expand our role in providing the very best eye health and vision care for patients. So, to be sure, your AOA leadership, Washington and St Louis staff, as well optometrists throughout the country, will have our work cut out for us over the coming months, and your continued involvement in AOA-PAC and as an AOA Keyperson or TPC state coordinator will go a long way to continuing an effective advocacy effort for our profession.

As the national profes-

Nutrition materials available

The AOA announces new materials for you and your patients on ocular nutrition information. The first new brochure, "Ocular Supplement Resources," provides a comprehensive list of the growing number of nutritional supplements containing FloraGLO® Lutein and other important eye-friendly nutrients. An easy-to-read 8 1/2" x 11" format, this patient education piece also details food sources of these key nutrients. It is made possible by a generous educational grant from Kemin Health, L.C.

Because consumers are becoming more and more interested in nutrition and eye health information, we encourage you to have a dialogue with your patients about the growing body of evidence supporting nutrients' role in maintaining healthy eyes.

Ocular Supplement Flyers are available in padded sheets of 50. Send your request to publicrelations@aoa.org and specify item NG-2; include your name, AOA member number, practice name, and street address for shipping. Members may also log on to www.aoa.org and download a .pdf version for reproduction. ODs also have the option of ordering a personalized supply from the AOA Online Store; order item NG-2. Cost per 100 with imprint is \$28. Also new this year is a Spanish-language version of the popular "Recommended Nutrients for Healthy Eyes" patient education tear pads. This piece, along with the English version, is available free of charge, padded in sheets of 50; to request a supply for your office, send an e-mail to publicrelations@aoa.org.

sional association that represents optometry, the AOA represents the voice of each and every one of us. Your continued membership and involvement in the AOA and your state association is our assur-

ance that we will continue as an effective advocate for our profession.



SPOTLIGHT ON AOA MEMBERS

UMSL professor serves as ambassador to the profession on recent Poland trip

University of Missouri—St. Louis College of Optometry Professor Timothy Wingert, O.D., takes an active role in promoting the profession of optometry around the

at the school on a Fulbright Scholarship in 2006. Nova Southeastern University Professor Joseph Pizzimenti, O.D., and Southern College of Optometry Professor W.C.

"I think a lot of countries look to the United States as a resource in terms of eye care development. Here, optometrists are recognized as the primary eye care providers."

world.

Recently he was asked to participate in a conference celebrating the 25th anniversary of the optometry program at the Poznan University of Medical Sciences in Poland.

Dr. Wingert served at the Department of Optometry and Biology of the Visual System

Maples, O.D., also spoke at the conference, which was held March 12-13.

Dr. Wingert addressed lens treatments that benefited ocular health and visual performance in his presentation.

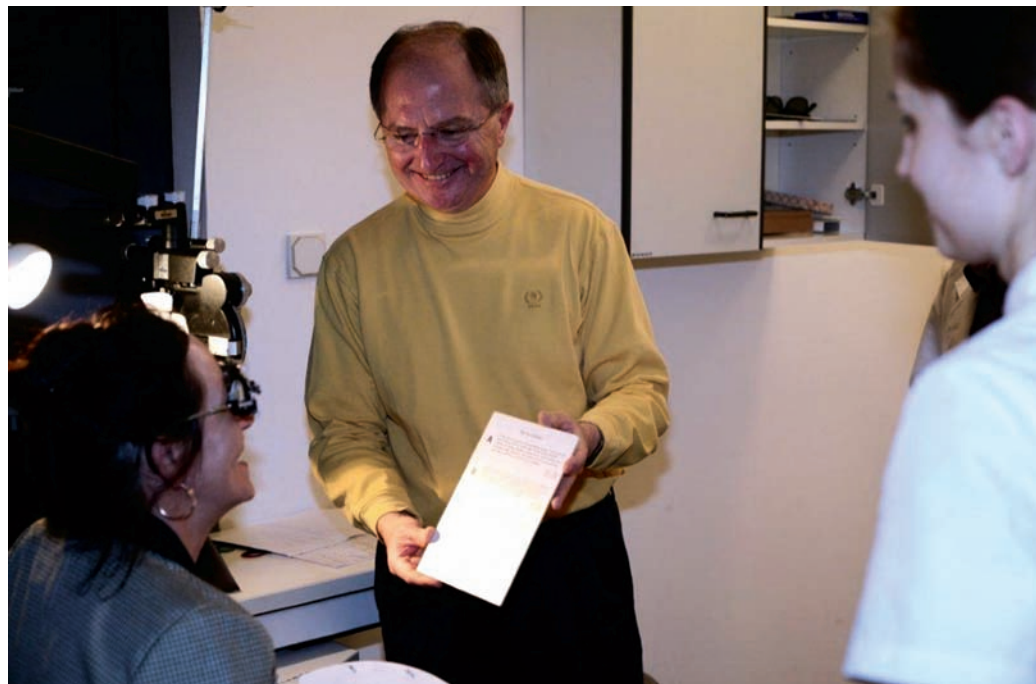
He discussed the effects of ultraviolet radiation exposure and various antireflective lens treatments.



Dr. Wingert addressed lens treatments that benefited ocular health and visual performance in his presentation. He discussed the effects of ultraviolet radiation exposure and various antireflective lens treatments.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to TLOverton@aoa.org.



Timothy Wingert, O.D., professor at the University of Missouri at St. Louis, works with a student and patient in the clinic at the Poznan University of Medical Sciences in Poland.

In addition to class lectures, Dr. Winger saw patients at the school's clinic.

Dr. Wingert said his recent week in Poland was very similar to his previous experience working with the school. He said serving as an optometrist in another country allowed him to view the differences in practice.

"It's a lot different," he said. "People are not routinely collecting fees for optometric services. The emphasis is on vision care and therapy, not on ocular health and its relationship with systemic conditions. It will evolve though."

Dr. Wingert said he is grateful for the experience and relishes the task of helping other optometrists.

"I think a lot of countries look to the United States as a resource in terms of eye care development," said Dr. Wingert. "Here, optometrists are recognized as the primary eye care providers. In Poland, two weeks before the meeting, the minister of health decided not to recognize optometry as a health care profession in the country's national program. Their optometrists look to what organized optometry has done in other countries and hope

that the parliament may yet recognize their profession in the national program."

Dr. Wingert sees the role of American optometry to assist others in the profession around the world.

"It's good for U.S. optometrists to be aware of the different models worldwide and educate work with optometrists in other countries on how to move things forward and share how to implement care procedures in the health care system advance the profession of optometry," he said. "There are many things we can learn from them as well."

Participating in the conference were, from left, Timothy A Wingert, O.D., professor, University of Missouri-St. Louis; Bogdan Miskowiak, M.D., Ph.D., head of Department of Optometry at Poznan; Joseph Pizzimenti, O.D., professor at Nova Southeastern University; and W.C. Maples, O.D., professor at Southern College of Optometry.



B+L names new chairman, CEO

Bausch + Lomb named Fred Hassan as chairman of the Board of Directors and has named Brent Saunders as chief executive officer (CEO) and appointed him to the Board of Directors, effective immediately.

Current Chairman and CEO Gerald M. Ostrov is retiring and will serve as a consultant to the new leaders.

Hassan is one of the leading figures in global health care. He served most recently as chairman and CEO of Schering-Plough Corporation until its merger with Merck & Co. in November 2009.

Current Chairman and CEO Gerald M. Ostrov is retiring and will serve as a consultant to the new leaders.

He led a six-year transformation of Schering-Plough from a company under severe stress into one of the highest performing companies in the research-based global pharmaceutical industry, with a rich late-stage pipeline.

Previously Hassan was chairman and CEO of Pharmacia Corporation, where he also executed a historic turnaround. Earlier in his career, Mr. Hassan was president of the U.S. operations of Wyeth and held positions of increasing importance at Novartis.

He has served as a senior adviser to Warburg Pincus LLC, the private equity investing group, since November 2009. Warburg Pincus is the majority owner of Bausch + Lomb.

Saunders was previously senior vice president and president of Schering-Plough's Consumer Healthcare unit, where he implemented a successful growth strategy including expansion into international markets.

As a member of Schering-Plough's six-person

executive committee, Saunders also played a key role in the transformation of the company.

He joined Schering-Plough in 2003 in the new executive committee under Hassan as the head of a new Compliance and Business Practices unit.

Saunders managed Schering-Plough's integration of Organon BioSciences of the Netherlands, acquired for \$16 billion in 2007. He also led Schering-Plough's integration planning teams for the 2009 combination with Merck.

"Jerry Ostrov stabilized a very challenging situation at

Bausch + Lomb and helped move us toward a stronger global organization," said Hassan. "During his tenure the company improved on many fronts. We thank him for these major accomplishments. Now we will be initiating a new

phase to take Bausch + Lomb to an even higher level of performance. I look forward to my role as chairman of an active and engaged Board of Directors, working closely with and supporting our new CEO Brent Saunders."

"I am honored and excited by this appointment," said Saunders. "My goal is to power up Bausch + Lomb to its rightful position as the global innovation leader in eye health. We are forging the talented people of Bausch + Lomb into a winning team with a winning attitude, with a relentless focus on execution. We'll be working hard to deliver the value in our pipeline while creating more value for the future."

"We believe that in Fred and Brent, we have two very strong leaders for this high-potential company," said Joseph P. Landy, co-president of Warburg Pincus. "Bausch + Lomb has improved its operations and financial performance since 2007, and we look forward to the next stage of the company's growth under Fred and Brent's leadership."

Ophthalmic Council™ addresses issues



Wally Lovejoy, senior vice president, Eye Care Development, Luxottica Retail North America, asks a question about health care reform during the Ophthalmic Council™'s meeting in New York last month. The Ophthalmic Council™ consists of leaders of 18 companies who meet with AOA leadership on issues that affect the profession. Among the topics at the March meeting were the State of the Profession, by AOA Executive Director Barry Barresi, O.D., Ph.D., and an overview of health care reform by Henry Desmarais, M.D., a principal with Health Policy Alternatives. Also on tap, an overview of electronic health records by AOA Assistant Director for Regulatory Outreach Rodney Peele, J.D.

Carl Zeiss launches lens, practice marketing program

Carl Zeiss Vision announced the launch of Zeiss Experience, a program to that allows eye care practices to leverage the Zeiss brand for all aspects of lens and practice marketing, including patient education, branding and practice promotion.

"The purpose of Zeiss Experience is to help patients understand the importance of lenses in good eye care," said Fred Howard, Carl Zeiss Vision's president-Americas. "Private practices face a lot of competition today, and they need help getting their message of outstanding service and excellent vision products to consumers. Zeiss Experience is based on the idea that the combination of our brand and the practice's brand is greater than the sum of its parts. But branding is just a part of it. Zeiss Experience gives the practice tools to help educate patients about eyewear, deliver a better in-practice experience,

and reach out to new patients in the community."

The key element of Zeiss Experience is Zeiss Analysis, a new, comprehensive selling process.

This process allows the eye care professional to better understand the patient's needs, and provides education that allows the patient to be a more informed and active participant in lens selection.

This helps the practitioner provide the best lens solution to the patient while increasing profit and revenue.

The other elements of the Zeiss Experience include:

- ❖ A branded Zeiss kiosk using interactive media to help patients understand how premium Zeiss lens products can better meet their vision needs.
- ❖ Individual vision needs are analyzed and refined using the advanced diagnostic tools and the measuring and consulting technology of i.Terminal™ by Zeiss.

❖ A group of scalable design options with a high-tech feel, including kiosks, furniture and displays, that tell patients that the practice offers precision Zeiss optics.

"Zeiss Experience is based on global research about consumer attitudes toward the eyewear purchase experience," said Claude Labeeuw, Carl Zeiss Vision's vice president—Marketing. "The research showed clearly that consumers want to purchase premium eyewear once they are educated about the benefits, and that they want a premium buying experience when purchasing premium eyewear. Zeiss Experience combines our resources with those of the practice to create the right conditions for practices to thrive."

Private practices interested in knowing more about Zeiss Experience should contact their Carl Zeiss Vision business development representative or call 800-358-8258.

Order PERSONALIZED Brochures and Fact Sheets at the AOA Online Store!

www.aoa.org

The preschool years: a time to worry

• Provide plenty of safe visually-guided

With today's diagnostic equipment and

Your optometrist should also check your child's color vision and eye health.

In addition, he or she should determine if your child is developing the vision skills needed for learning, such as eye coordination and focusing ability.

Don't be misled by home eye tests for preschoolers and vision screenings. These are not a substitute for a thorough professional examination.

They also may not be accurate in detecting eye health problems or more subtle eye conditions which are easier to correct during preschool years.

Continuing care

Unless your optometrist advises otherwise or you notice a trend, your child's next professional optometric examination should be at age five.

A comparison of these test results with those of the previous examination will tell you how well your child's vision is developing for that major step into the school years.

Television, computers and your preschooler's eyes

To make viewing easier on your preschooler's eyes:

- Be sure the room has soft overall lighting.
- Position screen to avoid glare and reflections.
- View TV from a distance of about 6-8 feet or approximately 5 times the width of the screen away.
- Limit viewing time.

General eye protection

To protect your preschooler's eyes from injury:

- Do not allow play with fireworks, darts, pin sponges, slinkies and other missile-throwing toys, including those with suction-cup or rubber tips. Keep your child away from older children and adults using these things.
- Teach your child not to run with or throw sharp objects.
- Don't allow your child to be nearby when you are using power tools, lawn mowers or household and yard chemicals.

A final word

Your care and concern for your child's vision can enrich his or her future, and at the same time, help develop a good eye habit for a lifetime of good vision.

Your Preschool Child's Eyes

John C. Somebody, O.D.
Doctor of Optometry

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St. Louis, MO 63101
Telephone: (314) 555-1234
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Vision & Lifestyle

General eyeglass prescription may not be adequate—Computers are usually further and higher than a typical reading task. Glasses for most people wearing bifocals are not adjusted for this new distance or angle and therefore often are not adequate for using the computer.

Repetitive and stressful tasks—Difficult tasks are challenging. Don't forget to take occasional breaks and let the eyes look far away while resting.

Tips for Healthy, Comfortable Vision at the Computer

While decreasing time spent at a computer may not be an option, there are ways to maximize healthy vision for comfortable use of the computer.

- Have a regular comprehensive eye exam to ensure your eyes are healthy and that you have the correct eyeglasses or contact lens prescription (if necessary). Be certain to tell your optometrist about the computer work you do.

- Wear glasses that are specifically designed to function comfortably at the computer. This lenses you wear for day-to-day activities may not be the best for working at the computer.

- Rest your eyes
- Blink frequently
- Use a humidifier
- Install artificial tears

After you have had a comprehensive eye examination, there are a number of things that you can do to arrange and use the elements of your workstation to eliminate or minimize discomfort.

Workstation Setup for Comfortable Computer Use

- Feet should be flat on the floor (or on a slightly angled foot rest) with knees bent slightly to or greater than 90 degrees.

- Chair seat should support the legs without excessive pressure on the back of the thighs.

- The back should be snug against the seat to fit your spinal contour. Thigh-to-thigh angle should be 90 degrees or greater.

- Wrists and hands should extend nearly straight from the elbow to the home row of the keyboard.

- A commonly preferred work surface height for keyboard use is about 26" as opposed to the conventional 29" of most tables or desks.

- Place the monitor 20"-26" from your eyes, depending on the size of the monitor and individual vision conditions.

- The monitor and keyboard should be straight ahead.

- The top of the monitor should be slightly below horizontal eye level. Tilt the top of the monitor away from you at a 10 degree to 20 degree angle. The center of the monitor should be 10 degrees to 20 degrees below your eyes. This is 4" if below your eyes at a distance of 24".

- Keep the monitor free of fingerprints and dust. Both can reduce clarity.
- Place document holders close to the screen within the same viewing distance. Keep the keyboard and monitor in line.
- Adjust the keyboard tilt angle so that wrists are straight.

Healthy Computer Use

Although the visual system faces considerable challenges when using a computer, most issues can be solved. Remember that problems with the use of the computer cause needless discomfort and may rob productivity. Heeding the suggestions made here along with those made by your doctor of optometry, will enable you to use your computer comfortably and productively.

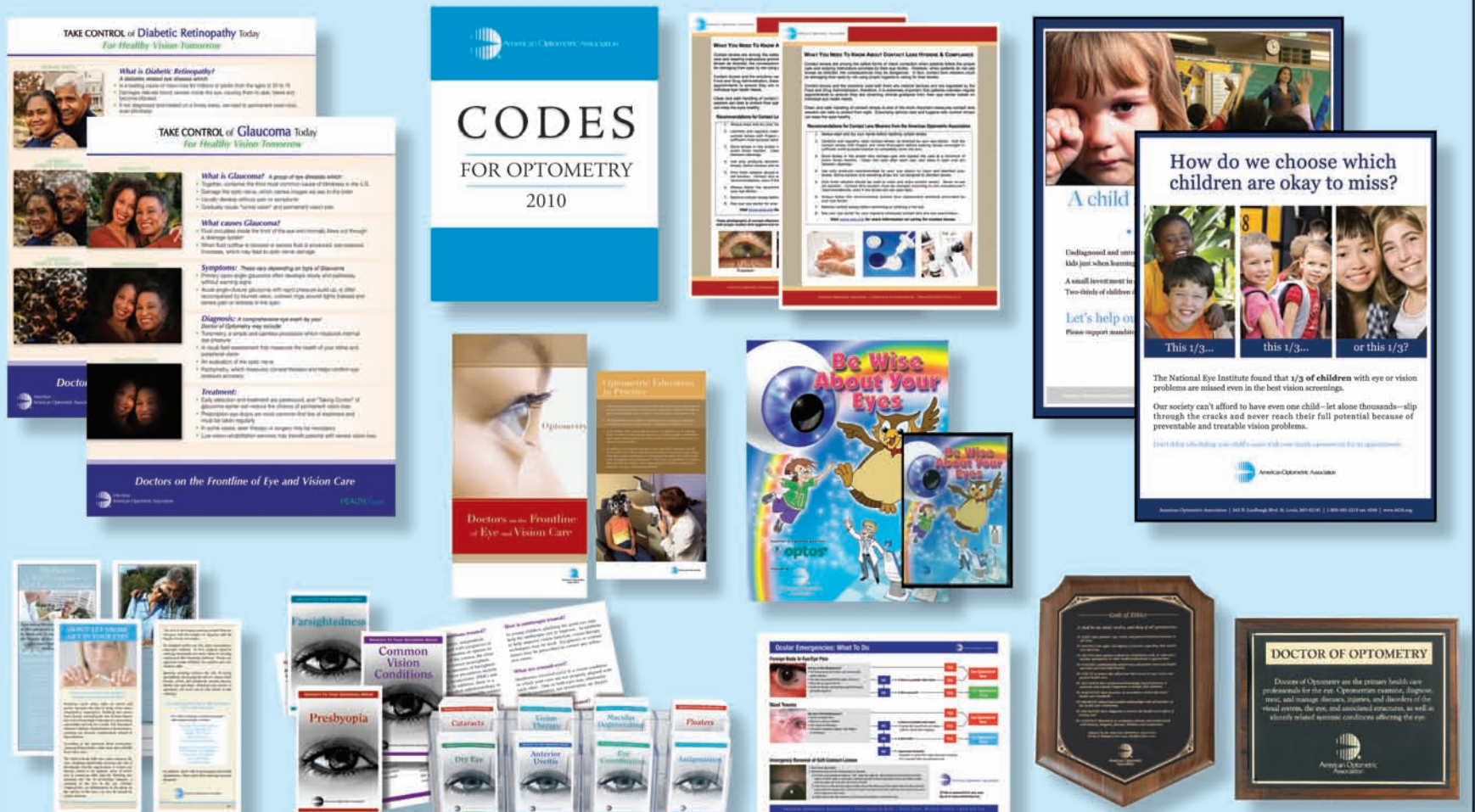
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Also Available Online... (more items coming soon)



Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:

Username: your six-digit AOA member ID

Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.



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Luxottica Group

Marchon Eyewear

Optos

Pfizer Ophthalmics

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: CooperVision

CooperVision is one of the world's leading manufacturers of soft contact lenses, with a portfolio that includes the industry's broadest range of soft toric and soft multifocal lenses. Dedicated to enhancing the contact lens experience for practitioners and patients, CooperVision is a global innovator in contact lens design, material development and manufacturing.

CooperVision Products

Avaira®, CooperVision's two-week silicone hydrogel lens, is made with Aquaform® Comfort Science which gives the lenses an innate ability to attract and retain moisture within the lens material itself—without the need for additional surface treatments or wetting agents.

Biofinity® and *Biofinity Toric*, CooperVision's monthly silicone hydrogel lenses, are also made with Aquaform Comfort Science. Biofinity Toric's natural wettability combined with our Optimized toric design create an incredible lens offering outstanding comfort, stability and vision quality.

Proclear®, CooperVision's PC Hydrogel™ family of lenses, features the only lens material with an FDA-cleared labeling indication: "May provide improved comfort for contact lens wearers who experience mild discomfort or symptoms relating to dryness during lens wear." Proclear is made with PC molecules which attract and bind water to the lens surface allowing the lenses to remain hydrated, which in turn helps the lens feel moist and comfortable all day long. The Proclear brand features one of the broadest families of contact lenses on the market - with a lens for virtually every condition and modality - Proclear 1-Day, Proclear Sphere, Proclear Multifocal, Proclear Multifocal XR, Proclear EP, Proclear Toric, Proclear Toric XR and Proclear Multifocal Toric.

Build Your Practice with CooperVision

This spring, CooperVision is launching Contact Sports, a campaign that will drive new teen fits into the office. The opportunity with teens is to capture their first contact lens experience and gain customers for a lifetime.

CooperVision's teen initiative includes:

- ❖ A microsite (mycontactsports.com) designed specifically for teens.
- ❖ Gear Up Grants - Teens across the country will be awarded \$25,000 to fund sports equipment purchases.
- ❖ Facebook fan page activation: For your participation, CooperVision will set up and activate a facebook fan page for your practice.

Online resources from CooperVision include:

- ❖ The On Eye Blog (www.coopervision.com/us/blog) – Your source for information about fitting, technology, and the business of contact lenses. Hear from our experts and point your patients toward educational articles about contact lenses and vision care.
- ❖ www.facebook.com/CooperVisionECP – The first official Facebook fan page geared toward ECPs. Use this online space as a forum to interact with CooperVision, network, and receive tips on growing your business.

For more information about CooperVision and its contact lenses, contact your CooperVision sales representative or visit coopervision.com.

View the new Miu Miu



The new Miu Miu Spring/Summer Eyewear Collection features a rich selection of wide and sometimes unexpected styles. Shown is model SMU02L. Visit www.luxottica.com for more information.

Patient communication service introduces 'Glasses Ready'

The comprehensive patient communication service Smile Reminder is introducing a new "Glasses Ready" feature to help vision care professionals save time, save money and eliminate the need to contact each patient individually to let them know their eyewear is ready for pickup.

The Glasses Ready feature produces an automated message from the practice when a patient's eyewear is ready for pickup.

Patients are alerted via e-mail, text message, or both, that their new eyewear is ready for pickup at their convenience.

The launch of this new vision care tool marks yet another innovative contribution Smile Reminder is making to improve the overall practice-patient experience.

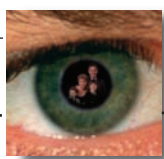
"The Glasses Ready feature is a quick response to a need identified by some of our customers," says Mark Olson, Smile Reminder vice president of Marketing and Business Development. "We are always pushing our technology to provide services that help vision care profes-

sionals save time, generate revenue, and increase patient loyalty. Smile Reminder's new 'Glasses Ready' feature is just one more way in which we continually support our customers' needs."

The standard features offered through Smile Reminder's communication platform allow offices to simplify their daily routine and strengthen doctor-patient relationships through services such as: automated appointment reminders and confirmations, last-minute appointment openings announcements, e-newsletters, e-surveys, custom promotions, patient recall/recare, patient referrals, and a new suite of tools that take advantage of Web 2.0 opportunities.

Like other tools found on Smile Reminder's platform, the new "Glasses Ready" feature ultimately provides an office staff with extra time to handle more important business by eliminating the commitment associated with making numerous notification calls.

For more information, visit www.smilereminder.com.



Transitions launches new site for professional outreach

A new Web portal from Transitions Optical, Inc. will provide optical professionals a central resource for product information, business resources, tools and programs. Found at www.Transitions.com/Pro, the site focuses on the full family of adaptive lens products available from Transitions Optical, as well as the programs, marketing tools, education and events the company offers to support the industry.

"Transitions.com/Pro creates one access point for all the programs and tools we offer," said Greg Marko, director, North American marketing, Transitions. "As we continue to develop more resources to accommodate a wider range of initiatives and interests, it has become even

specifically target the informational needs of consumers.

"A separate dedicated trade site enabled us to create two delineated, focused experiences so that consumers are given the appropriate level of product information, and eye care industry professionals are given the additional resources they need," added Marko.

Hispanic outreach

Transitions Optical, Inc. is partnering with Aliza Lifshitz, M.D., through VidaySalud.com™ to reach Spanish-speaking consumers about the importance of protecting and preserving their sight, and the sight of their

Hispanic parents about the important role vision plays in a child's life – in the language they feel comfortable with most – and encourages them to set up regular eye exams for their children."

The Salud Visual channel will be updated regularly with new articles, and will also feature a number of animated videos, developed by Transitions Optical, to reach younger viewers and their parents about eye health topics in a creative, appealing way.

Eye care professionals can also link to the channel on Vidaysalud.com as an added resource for their Spanish-speaking patients.

While at Milagro Charter School, Transitions



Manuel Solis, multicultural marketing manager, Transitions Optical, Inc., unveils the new Salud Visual channel on VidaySalud.com at Milagro Charter School in Los Angeles.

representatives also reinforced to students how important healthy vision is to learning and reading – donating

more than 150 Spanish and bilingual books to the school's library on behalf of the company.

"The new Salud Visual channel educates Hispanic parents about the important role vision plays in a child's life – in the language they feel comfortable with most – and encourages them to set up regular eye exams for their children."

more important for us to centralize these assets, making them simpler to find and use."

The portal was created for anyone with a professional interest in vision care and eyewear – from eye care professionals and students, to labs and managed vision care brokers.

Optical industry professionals will find marketing and outreach tools to help them increase patient satisfaction and promote their businesses. They can stay up-to-date on the latest technology and products, and take advantage of free continuing education, training resources and other special-interest programs and promotions.

Transitions also recently re-launched its Web site – www.Transitions.com – to

families.

Representatives from Transitions Optical joined Dr. Aliza at Milagro Charter School in Los Angeles on Feb. 25 to unveil the Salud Visual channel – the first online channel in Spanish written for U.S. Hispanic audiences.

Hosted on www.vidaysalud.com, the new channel provides eye health information from a medical, yet user-friendly point of view, and will include information relevant for adults and children.

"There's no question that healthy vision is instrumental in a child's learning and developing process," said Manuel Solis, multicultural marketing manager, Transitions. "The new Salud Visual channel educates

Company introduces new iPhone practice management app

MacPractice, Inc., the leading Mac developer of practice management and clinical applications, announces the release of the MacPractice iPhone Interface 2.0 with remote chart posting, staff and doctor reminders, practice management reports and access to referring doctors.

MacPractice iPhone Interface 2.0 sports a cleaner, more intuitive user interface resembling MacPractice MD, DDS, DC and 20/20.

A physician, dentist, chiropractor or optometrist can connect to their office database to access their schedule and any patient record before calling or e-mailing the patient from the iPhone.

Patient photos, alerts, prescription history, and appointment history are all available. The patient's address is linked to Google Maps.

MacPractice iPhone Interface 2.0 introduces access to referring doctors, a new calendar, optimized performance, updated security features, and new user preferences. Reminders on the iPhone create MacPractice Reminders in the office for staff and providers, i.e., to request an appointment or as a way to make a clinical note for MacPractice electronic medical record. A doctor may monitor what is happening in the office from the hospital or the golf course by viewing up-to-date daily management reports.

Doctors performing hospital rounds or

seeing patients at a remote location can now enter patient information and post procedures and diagnoses into MacPractice from their iPhone (requires the MacPractice HL7 Interface). Entering planned treatments will be added in version 2.1.

The iPhone Interface, which can also be used in Safari on any Mac or PC desktop, portable or tablet computer, requires MacPractice MD, DC, DDS, or 20/20, version 3.6. MacPractice recommends that users set up a VPN for security.

Introductory pricing for MacPractice iPhone Interface 2.0 is \$800 for current MacPractice users and \$200 annually for support and updates. Those who purchase the Interface with MacPractice MD, DC, DDS, or 20/20 receive a \$300 discount. Those who purchased MacPractice in 2009 are also eligible for the \$300 discount. MacPractice iPhone Interface 2.0 is free to current users (the HL7 Interface must be purchased for posting procedures).

"We leverage innovative, unique Apple technology to put new productivity-enhancing tools literally in the hands of physicians, dentists, chiropractors and optometrists on iPhones, as well as Mac and PC desktops and laptops," said Mark Hollis, MacPractice president.

View screenshots of the MacPractice iPhone Interface and QuickTime movies of MacPractice DDS, MD, DC, or 20/20 after registering at www.MacPractice.com.

Nutrition society changes name

The three-year-old Optometric Nutrition Society is now the Ocular Nutrition Society (ONS), reflecting interest in ophthalmology, as well as nutrition/vision researchers.

The purpose of the Ocular Nutrition Society is to:

- ❖ Promote excellence in the care of vision patients through nutritional support of eye health and the prevention and control of ocular and systemic disease.

- ❖ Sponsor professional symposia, as well as a Website, and to generate materials to educate professionals regarding the role of nutrition in systemic and ocular

health.

- ❖ Provide a collegial atmosphere in which health care professionals can exchange ideas and concepts regarding nutritional influences on vision.

- ❖ Make available a resource pool of clinically relevant refereed studies that support the role of safe nutritional support for the management of ocular and systemic disease.

- ❖ Monitor and validate claims made by industry regarding the quality and efficacy of nutritional supplements.

- ❖ Encourage the inclusion of nutrition education in the

curricula of optometry schools and ophthalmological residencies.

The ONS closely monitors peer-reviewed published science on nutritional influence on eye health, as well as safety and regulatory issues regarding supplements marketed to vision patients.

The international non-profit ONS does not formally endorse nutritional products or companies.

This information is available to ONS members through a quarterly newsletter and on the ONS Web site that includes a nutrition forum (www.ocularnutritionociety.org).

Battle,

from page 19

year that were considered by Congress but not included in the final version of the bill:

- ❖ Full recognition of optometrists in Medicaid (House-passed Schakowsky Amendment based on H.R. 2697)

- ❖ Statutory inclusion of optometrists in further federal health programs, including the National Health Service Corps (committee-passed Gordon Amendment based on H.R. 1884)

- ❖ Expansion of federal eye health efforts targeting infants (Byrd Amendment). This provision is separate from the more than \$1 million in federal funding secured by the AOA in support of InfantSEE®.

- ❖ Statutory non-pre-emption of state laws (House-passed Ross Amendment), viewed by the AOA as an essential safeguard in the House-passed version of health care reform that sought to establish a single centrally controlled interstate health insurance exchange, a proposal ultimately rejected by Congress and the Obama administration. Instead, the final legislation will, in 2014, establish 50 state insurance exchanges to be administered by individual states and subject to state patient access / provider non-discrimination laws.

“The AOA – through the tireless efforts of national and affiliate leadership, Advocacy Group volunteers, Federal Keypersons, AOA-PAC investors and concerned doctors and students from across the country – has stood for patient access in the national health care battle of our time and prevailed,” said AOA Washington Office Director Jon Hymes. “Although this victory affords an opportunity to appreciate how optometry’s advocacy efforts have progressed, it doesn’t mark the end of the profession’s fight for its patients or to proactively define its own future.”

The giant health insur-

ance lobby and organized medicine opposed the Harkin Amendment at each step of the legislative process. In a final, failed plea to Capitol Hill, one medical specialty group called on Congress to reject “the so-called non-discrimination” provisions seek[ing] to elevate paraprofessionals in the health care marketplace by prohibiting health plans from appropriately differentiating between physicians and those paraprofessionals.”

“As the health care legislation is implemented, the AOA and its members must be prepared to provide even more determined advocacy for optometry in Washington, D.C., and state capitals, in the media, in the ophthalmic community and among employers and payers,” Hymes added.

The AOA has prepared information for members on the new health care overhaul law.

An outline of important provision found within the legislation can be found on the AOA Web site at: <http://www.aoa.org/documents/HCR-Outline.pdf>.

A page answering frequently asked questions can be found at: <http://www.aoa.org/documents/faqs.pdf>.

AOA members are also encouraged to watch a powerful video message from AOA leaders on the passage of national health care reform legislation, which can be found on the AOA YouTube site at: <http://www.youtube.com/aoaweb>.

A special message from AOA President Randy Brooks, O.D. delivered just after Congress approved the measure, can be found at: <http://www.aoa.org/x5755.xml>.

For more information on the new law or to join AOA Advocacy as a Federal Keyperson or AOA-PAC Investor, contact the AOA Washington Office at 800-365-2219 or e-mail ImpactWashingtonDC@aoa.org.



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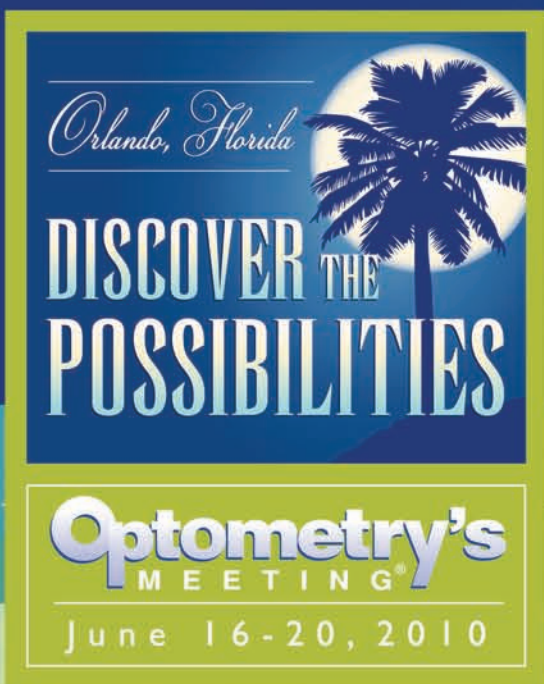
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Be sure to register for AOA's Career Central Career Fair on Friday, June 18 from 10:00am - 2:00pm; Function #0213. You may also register for several Career Central courses offered Thursday through Saturday. For complete details visit www.optometrymeeting.org.

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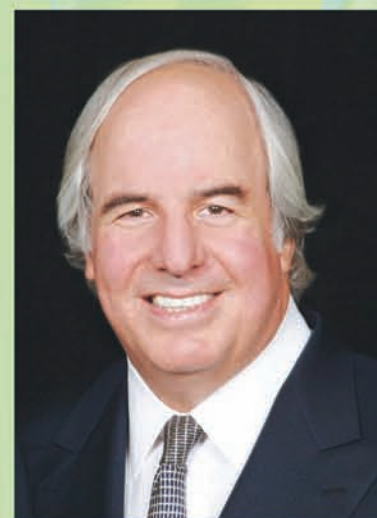
Conference: June 16-20, 2010

Exhibits: June 17-19, 2010

Frank Abagnale to Speak at the Opening General Session, Thursday, June 17.

Once again, Essilor is the generous sponsor of the Opening General Session and keynote speaker Frank Abagnale.

Frank Abagnale provides entertaining insight into his life as the notorious imposter and fraudster of the 1960s – a thrilling story told in the award-winning movie, *Catch Me If You Can*. By the age of 21, Abagnale had the reputation as America's most gifted con man, successfully impersonating an international airline pilot, pediatrician, stockbroker, college professor, and even an assistant attorney general all while cashing \$2.5 million in forged checks. Audiences experience an emotional roller coaster ride as this motivational speaker describes his con man escapades and reveals how he learned to live on the right side of the law.



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MEETINGS

April

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Ramkota River Centre, Pierre, South Dakota
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FAX: 605/224-6047
Sdeyes3@pie.midco.net
www.sdeyes.org

KENTUCKY OPTOMETRIC ASSOCIATION
108TH ANNUAL SPRING CONGRESS
April 22-25, 2010
Hyatt Hotel, Lexington, Kentucky
sarah@kyeyes.org
www.kyeyes.org
502/875-3516

AZOA 2010 SPRING CONGRESS
ARIZONA OPTOMETRIC ASSOCIATION
April 23-25, 2010
Hilton El Conquistador, Tucson, AZ
Kate Diedrickson
602/279-0055
kate@azoa.org
www.azoa.org

MONTANA OPTOMETRIC ASSOCIATION
2010 MOA ANNUAL CONFERENCE
April 29-May 1, 2010
Best Western GranTree Inn, Bozeman, Montana
Sue Weingartner
406/443-1160
FAX: 406/443-4614
sweingartner@rmsmanagement.com
www.mteyes.com

FLORIDA CHAPTER AAO EDUCATIONAL MEETING
April 23-24, 2010
Mission Inn, Howey-In-The-Hills, Florida
Arthur Young, O.D.
239/542-4627 or 601/946-2174
FAX: 239/245-7494
email: eyeguy4123@msn.com

COLLEGE OF SYNTONIC OPTOMETRY
78TH ANNUAL CONFERENCE ON LIGHT AND VISION
April 29 - May 1, 2010
Sirata Beach Resort, St. Pete Beach, FL
Ron Wahlmeier, Admin. Director
719/547-4953
www.syntonics@q.com

KANSAS OPTOMETRIC ASSOCIATION

KOA ANNUAL CONVENTION AND SEMINAR
April 29-May 1, 2010
Capitol Plaza Hotel, Topeka, Kansas
Todd Fleischer
785/232-0225
FAX: 785/232-6151
todd@kansasoptometric.org
www.kansasoptometric.org

MONTANA OPTOMETRIC ASSOCIATION
2010 MOA ANNUAL CONFERENCE
April 29-May 1, 2010
Best Western GranTree Inn, Bozeman, Montana
Sue Weingartner
406/443-1160
FAX: 406/443-4614
sweingartner@rmsmanagement.com
www.mteyes.com

NEW MEXICO OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
April 29-May 2, 2010
Embassy Suites Hotel, Albuquerque, New Mexico
Richard Montoya
575/751-7242
info@newmexicooptometry.org
www.newmexicooptometry.org

ILLINOIS OPTOMETRIC ASSOCIATION
MIDWEST EYECARE CONGRESS
April 30-May 2, 2010
St. Louis Union Station Marriott, St. Louis, Missouri

OPTOMETRIC EDUCATION AT THE BEACH
TENNESSEE OPTOMETRIC ASSOCIATION
April 30-May 2, 2010
Sandestin Beach Hilton, Sandestin, FL
Bridget Jones
800/451-2438
bridget@usit.net
www.toaonline.org

May

2010 ARVO ANNUAL MEETING: FOR SIGHT: THE FUTURE OF EYE AND VISION RESEARCH
ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY
May 2-6, 2010
Fort Lauderdale, Florida
Ellyn Terry
eterry@arvo.org
www.arvo.org/ctes

AOA SPORTS VISION SECTION
SPORTS VISION UNIVERSITY
May 8, 2010
The Ohio State University, College of Optometry, Columbus, Ohio
Alisa Krewet
800/365-2219, ext. 4137

agkrewet@aoa.org
www.aoa.org/svs.xml

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CMBuckingham@aoa.org

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The Optometric Extension Program Foundation
May 14-15, 2010
Crown Plaza Hotel, San Diego (Mission Valley), CA
Lyna Dyson, COVT
858/748-6210
visionhlp@juno.com
www.oepf.org/calendar.php

CLINICAL EYE CARE CONFERENCE
Nova Southeastern University College of Optometry
May 14-16, 2010
Nova Southeastern University Main Campus, Ft. Lauderdale, Florida
954/262-4224
oceaa@nova.edu
www.optometry.nova.edu/ce/

SC OPTOMETRIC PHYSICIANS ASSOCIATION AND THE NSU OKLAHOMA COLLEGE OF OPTOMETRY
LASER THERAPY FOR THE ANTERIOR SEGMENT
May 20-22, 2010
Charleston, SC
Jackie Rivers
2730 Devine Street
Columbia, SC 29205
803/799-6721
1-877-799-6721
FAX: 803/799-1064
info@sceyedocors.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION
SPRING CONGRESS & EDUCATIONAL CONFERENCE
May 21-23, 2010
Seven Springs Resort, Champion, Pennsylvania
Ilene Sauertieg
717/233-6455
www.poaeyes.org

OPTOMETRIC BUSINESS MANAGEMENT SYMPOSIUM
Tennessee Optometric Association and CIBA/Essilor's Management & Business Academy
May 22-23, 2010
Opryland Hotel, Nashville, TN
Bridget Jones
1-800-451-2438
bridget@usit.net
www.toaonline.org

CE IN ITALY
2010 CONFERENCES
May 23-25, 2010
Cinque Terre, Italy
James L. Fanelli, O.D., FFAO
910/452-7225
FAX: 910/452-7229
jamesfanelli@ceinitaly.com
www.CEinitaly.com

CE IN ITALY
2010 CONFERENCES

May 27-29, 2010
Rome, Italy
James L. Fanelli, O.D., FFAO
910/452-7225
FAX: 910/452-7229
jamesfanelli@ceinitaly.com
www.CEinitaly.com

June

GEORGIA OPTOMETRIC ASSOCIATION
GOA 106TH ANNUAL MEETING
June 3-6, 2010
Sawgrass Marriott Golf Resort & Spa
Vanessa Grosso
800/949-0060, ext. 1
FAX: 770/961-9965
vanessgoa@aol.com
www.goaeyes.com

MAINE OPTOMETRIC ASSOCIATION
JUNE "SUMMER" CONFERENCE
June 4-6, 2009
Harborside Hotel & Marina, Bar Harbor, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

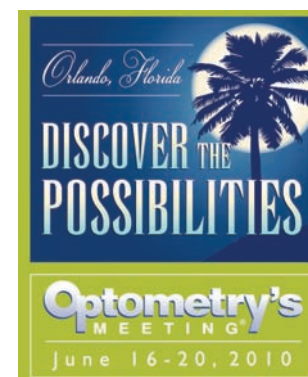
UTAH OPTOMETRIC ASSOCIATION
UOA ANNUAL CONGRESS
June 4-6, 2010
Zermatt Resort, Midway, Utah
Clive Watson
801/364-9103
uoa@xmission.com
www.utaheyedoc.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION
MID-YEAR MEETING
June 4-6, 2010
The Bavarian Inn, Shepherdstown, West Virginia
304/720-8262
www.wvoa.com

NORTH CAROLINA STATE OPTOMETRIC SOCIETY
ANNUAL SPRING CONGRESS
June 5-7, 2010
Myrtle Beach, South Carolina
Sue Gardner
252/237-6197
FAX: 252/237-9233
nceyecare@aol.com
www.nceyes.org (March 2010)

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
SPRING DOUBLE HEADER: INTERDISCIPLINARY MANAGEMENT OF THE DIABETES PATIENT AND RETINA UPDATE 2010
April 10-11, 2010
Nova Southeastern University Main Campus Ft. Lauderdale, Florida
954-262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/

108TH ANNUAL CONVENTION
MIDDLE ATLANTIC CONTINUING EDUCATION CONFERENCE & PARAOPTOMETRIC EDUCATION CONFERENCE
Virginia Optometric Association
June 11-13, 2010
Norfolk Waterside Marriott, Norfolk, VA
B. Bennett Keeney, Jr.
804/643-0309
voaeyedocs@aol.com



OPTOMETRY ASSOCIATION OF LOUISIANA
ANNUAL CONVENTION
June 11-13, 2010
Hilton Hotel, Lafayette, LA
Dr. Jim Sandefur
318-335-0675
optla@bellsouth.net

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DISNEY CRUISE 2010
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Josh Ogden
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July

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Scandinavia and Russia, Aboard the Star Princess
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aeacruises@aol.com
www.optometriccruiseseminars.com

THERAPEUTIC PHARMACEUTICAL AGENTS CERTIFICATION COURSE
NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
July 8-22, 2010
Nova Southeastern University Main Campus, Ft. Lauderdale, Florida
954/262-4224
oceaa@nova.edu
www.optometry.nova.edu/ce/

ANNUAL CONVENTION
NATIONAL OPTOMETRIC ASSOCIATION
July 14-18, 2010
Hilton Caribe, San Juan, Puerto Rico
Melantha Nephew, O.D.
972/296-0100
Noa.2020@yahoo.com
www.nationaloptometricassociation.org

COLORADO OPTOMETRIC ASSOCIATION AND THE MOUNTAIN STATES CONGRESS OF OPTOMETRY
COLORADO VISION SUMMIT
July 15-18, 2010
Steamboat Grand Hotel Steamboat

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.



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Chief of Optometric Staff – Eye Care Center
Director of Clinical Education

Candidates should have a record of distinguished academic accomplishments and a passion for excellence in teaching, scholarship, service, leadership, and patient care.

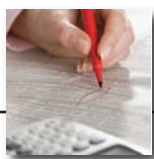
Faculty rank and administrative appointment will be commensurate with experience and expectations of future accomplishments. Salary and benefits are competitive. Requirements include attainment of the Doctor of Optometry (O.D.) degree and a license to practice optometry in the state of California or the ability to obtain such license within one year of appointment.

Applicants should submit the following electronically to **Daniel Kurtz, PhD, OD**, Associate Dean of Academic Affairs, to dkurtz@westernu.edu.

- Cover letter explaining how the applicant's background meets the requirements for the desired position including examples of experience, philosophy, and goals.
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Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Bio-microscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

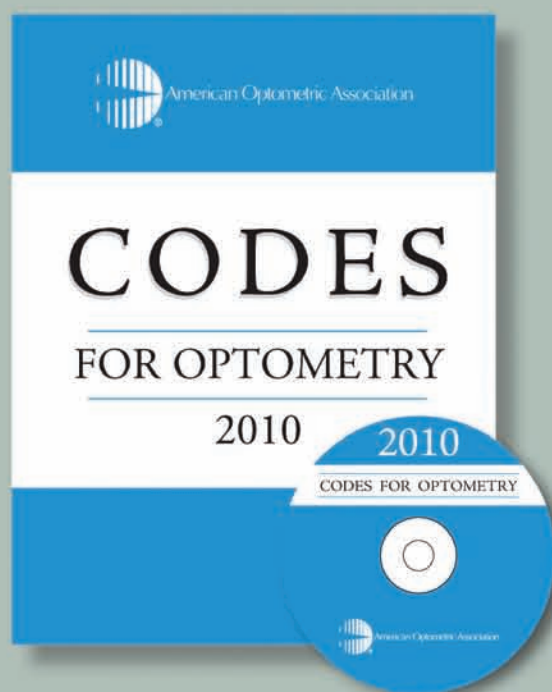
All items may be shipped directly to:
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Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email dpvc@juno.com and/or voshinternational@comcast.net.

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$65 (40 words maximum) 2 column inches = \$115 (80 words maximum) 3 column inches = \$155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a “personal” nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers – Elsevier ad sales contact – at 212.633.3766 for advertising rates for all classifieds and showcase ads.

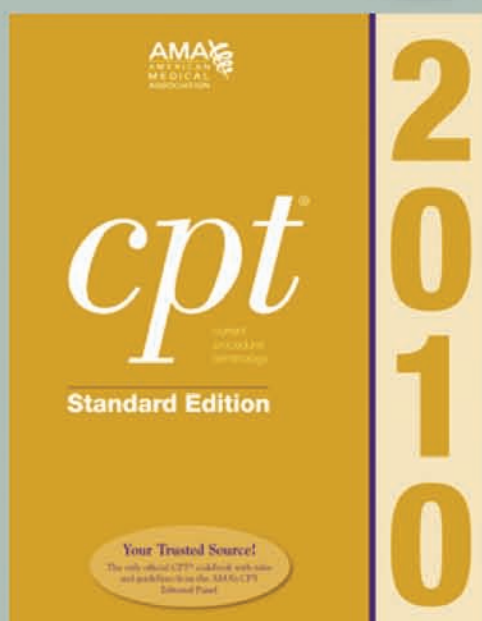
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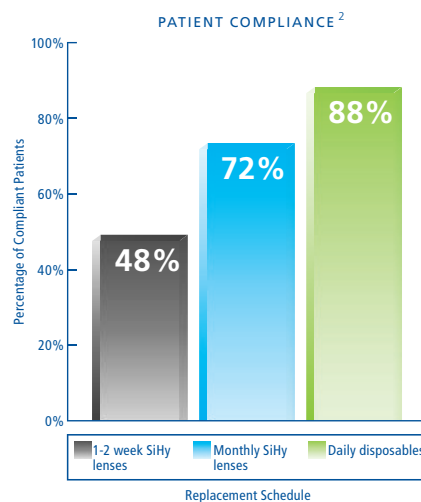
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Brief statement of intended use: AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses are indicated for daily wear or extended wear for up to 30 continuous nights. Warning: The risk of serious ocular complications is greater for extended wear as compared to daily wear of contact lenses and smoking increases the risks. Precautions: Not all patients can achieve the maximum wear time of up to 30 nights of continuous wear. Patients should be monitored closely during the first month of 30-night continuous wear. The maximum suggested wearing time should be determined by the eye care professional based upon the patient's physiological eye condition because individual responses to contact lenses vary. Side effects: Infiltrative keratitis was reported at a rate of approximately 5% during the one-year US study of 1300 eyes. Other side effects included conjunctivitis, GPC, and lens discomfort, including dryness, mild burning, or stinging. Contraindications: The lens should not be used when an inflammation or infection of the eye is present, or when there is any disease or injury in or around the eye or eyelids. The lenses should not be used by individuals who have medical conditions that might interfere with contact lens wear. Consult the package insert for complete information about AIR OPTIX® NIGHT & DAY® AQUA lenses, available without charge from CIBA VISION® Corporation at 1-800-241-5999 or www.cibavision.com.

References: 1. Profitability compared to the leading 1-2 week premium SiHy lenses. Based on ACNielsen data, 12 months ending June 2009. 2. Dumbleton K, Woods C, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens*. 2009;35(4):164-171.

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